

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081393

1. Entity Name  
TEAMSTAFF IV, INC.

Principal Place of Business  
1211 N. WESTSHORE BLVD., 8TH FLOOR  
TEAMSTAFF BUILDING  
TAMPA FL 33607

Mailing Address  
300 ATRIUM DR.  
SOMERSET NJ 08873

2. Principal Place of Business  
300 Atrium Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Somerset, N.J.

City & State

Zip  
08873

Country  
US

Zip

Country

4. FEI Number 59-3277126

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SCOGGINS, KIRK  
1211 N. WESTSHORE BLVD., 8TH FLOOR  
TEAMSTAFF BUILDING  
TAMPA FL 33607

## 7. Name and Address of New Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Road

City Plantation

FL

Zip Code 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/24/01  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE P  
NAME SCOGGINS, KIRK ☒ Delete  
STREET ADDRESS 1211 N. WESTSHORE BLVD., 8TH FLOOR  
CITY-ST-ZIP TAMPA FL 33607

TITLE DVS  
NAME KELLY, DONALD T ☐ Delete  
STREET ADDRESS 300 ATRIUM DR  
CITY-ST-ZIP SOMERSET NJ 08873

TITLE C  
NAME KAPPAUF, DONALD W ☐ Delete  
STREET ADDRESS 300 ATRIUM DR  
CITY-ST-ZIP SOMERSET NJ 08873

TITLE TV  
NAME KOCH, TERRY M ☒ Delete  
STREET ADDRESS 13736 CHESTERSALL DR  
CITY-ST-ZIP TAMPA FL 33624

TITLE V  
NAME TROY FOWLER ☒ Delete  
STREET ADDRESS 1902 WYKAGYL  
CITY-ST-ZIP TAMPA FL

TITLE V  
NAME ROB BYERS ☒ Delete  
STREET ADDRESS 107 S. WOODLYNNE  
CITY-ST-ZIP TAMPA FL

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition  
NAME Kenn Jankowski  
STREET ADDRESS 1901 Ulmerton Rd. Suite 800  
CITY-ST-ZIP Clearwater, FL 33762

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/01

732-748-1200

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90025 047 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)