

2000 UNIFORM BUSINESS REPORT (UBR)

2/8/00

FILED

Apr 28, 2000 8:00 am
Secretary of State

02-08-2000 90156 006 ***150.00

DOCUMENT # P94000081395

1. Entity Name

TEAMSTAFF V, INC.

Principal Place of Business

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

Mailing Address

1211 N. WESTSHORE BLVD., 8TH FLOOR
TEAMSTAFF BUILDING
TAMPA FL 33607-4600

2. Principal Place of Business

3. Mailing Address

300 ATRIUM DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SOMERSET NJ

Zip

Country

08873

Country

4. FEI Number

59-3277127

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

Street Address (P.O. Box Number is Not Acceptable)

1200 SP. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P SCOGGINS, KIRK 1211 N. WESTSHORE BLVD., 8TH FLOOR TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS KELLY, DONALD T 300 ATRIUM DR SOMERSET NJ 08873	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAPPAUF, DONALD W 300 ATRIUM DR SOMERSET NJ 08873	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00 732-744-1701