

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90201 014 \*\*\*150.00

NUMBER 111

**DOCUMENT #** P94000088855 (TM) ✓  
**1. Entity Name**  
~~HELP-STAFFING, INC.~~ N/C 12/20/01  
 Jeri Spriggs, Inc. (name changed)

**Principal Place of Business**      **Mailing Address**  
 1700 FAWSETT RD.      P.O. BOX 411  
 WINTER PARK FL 32789      WINTER PARK FL 32790



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
 110 S.W. Ivanhoe Blvd  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 14

**City & State**      **City & State**  
 Orlando, FL

**4. FEI Number** 59-3283242      **Applied For**  
 Not Applicable

**Zip** 32804      **Country** USA      **Zip**      **Country**

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

**6. Name and Address of Current Registered Agent**  
 SPRIGGS, JERI  
 1110 SW IVANHOE BLVD  
 UNIT 14  
 ORLANDO FL 32804

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SPRIGGS, JERI 1110 SW IVANHOE BLVD UNIT 14 ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPRIGGS, SUZAN 1700 FAWSETT RD. WINTER PARK FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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**      1/21/02      (407)650-0529  
 \_\_\_\_\_      **Date**      **Daytime Phone #**

CFR2E034 (9/01)