

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036660

1. Entity Name

STAFFING OPTIONS, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90076 038 ***158.25

Principal Place of Business

500 N. WESTSHORE BLVD.. #605
#600
TAMPA FL 33609

Mailing Address

500 N. WESTSHORE BLVD.. #605
#600
TAMPA FL 33609-1913

2. Principal Place of Business

500 N. Westshore Blvd.
Suite, Apt. #, etc. Suite 1050

3. Mailing Address

500 N. Westshore Blvd.
Suite, Apt. #, etc. Suite 1050

City & State

Tampa Florida

City & State

Tampa, Florida

Zip

33609

Country

Hillsborough

Zip

33609

Country

Hillsborough

4. FEI Number

65-0583481

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, RALPH F
500 N. WESTSHORE BLVD., #605
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

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

Suite 1050

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

Ralph F. Campbell Ralph F. Campbell 3/10/2000

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	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, RALPH E	
STREET ADDRESS	2930 4TH ST., S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	BICHSEL, JACK	
STREET ADDRESS	790 HICKORY LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Jack Bichsel Jack Bichsel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000 813-288-9665
Date Daytime Phone #

CR2E034 (9/99)