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Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90980 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000036660**

1. Entity Name
STAFFING OPTIONS, INC.

Principal Place of Business	Mailing Address
7845 53RD WAY PINELLAS PARK, FL 33781	7845 53RD WAY PINELLAS PARK, FL 33781

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
21 Sunset Bay Dr.	P.O. Box 265
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Belleair, FL	City & State: Pinellas Park, FL
Zip: 33756 Country: Pinellas	Zip: 33780 Country: Pinellas

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	7. Name and Address of New Registered Agent
CAMPBELL, RALPH F 500 N. WESTSHORE BLVD., #1050 TAMPA, FL 33609	Name: Jack Bichsel Street Address (P.O. Box Number is Not Acceptable): 790 Hickory Lane City: Palm Harbor FL Zip Code: 34683

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jack Bichsel — 4/03/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, RALPH E 2930 4TH ST., S. ST. PETERSBURG, FL 33705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BICHSEL, JACK 790 HICKORY LANE PALM HARBOR, FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jack Bichsel — 4/03/03 — 727-422-1428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #