

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051583

1. Entity Name
BURGESS STAFFING, INC.

FILED

02 APR 26 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
9428 BAYMEADOWS ROAD
SUITE 120
JACKSONVILLE FL 32256

Mailing Address
9428 BAYMEADOWS ROAD
SUITE 120
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3328924

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARRIS, ELAINE S
9428 BAYMEADOWS ROAD
SUITE 120
JACKSONVILLE FL 32256

Name

Marg Burgess

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

9428 Baymeadows Road

Suite 120

City

Jacksonville

FL

Zip

32256

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!! FEES \$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 P
NAME HARRIS, ELAINE S
STREET ADDRESS 9428 BAYMEADOWS RD.
CITY-ST-ZIP JACKSONVILLE FL 32256 ☒ Delete

TITLE P
NAME MORSE, DEBORAH
STREET ADDRESS 9428 BAYMEADOWS RD STE 120
CITY-ST-ZIP JACKSONVILLE FL 32256 ☒ Delete

TITLE DST
NAME SHERRILL, M L
STREET ADDRESS 9428 BAYMEADOWS RD STE 120
CITY-ST-ZIP JACKSONVILLE FL 32256 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President
NAME Marg Burgess
STREET ADDRESS 9428 Baymeadows Rd Suite 120
CITY-ST-ZIP Jacksonville, FL 32256 ☐ Change ☒ Addition

TITLE Secretary
NAME Joan Tarsak
STREET ADDRESS 9428 Baymeadows Rd Suite 120
CITY-ST-ZIP Jacksonville, FL 32256 ☐ Change ☒ Addition

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

TITLE Vice President
NAME Sherman Burgess
STREET ADDRESS 9428 Baymeadows Rd Suite 120
CITY-ST-ZIP Jacksonville, FL 32256 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Marg Burgess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/02 (904) 737-7756