

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90038 005 ***150.00

ACC00647



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000051703			
1. Entity Name FLORIDA EMPLOYMENT AND STAFFING SERVICES, INC.			
Principal Place of Business 601 E LIME STREET LAKELAND FL 33802		Mailing Address P O BOX 358 CRYSTAL RIVER FL 34423-0358	
2. Principal Place of Business 30 S.E. Kings Bay Drive Suite, Apt. #, etc. Apt. 202A		3. Mailing Address P. O. Box 358 Suite, Apt. #, etc.	
City & State Crystal River, FL		City & State Crystal River, FL	
Zip 34429	Country USA	Zip 34423	Country USA
4. FEI Number 59-3322531		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOBBINS, MELODY M 601 E LIME STREET LAKELAND FL 33802		7. Name and Address of New Registered Agent Name DOBBINS, MELODY M. Street Address (P.O. Box Number is Not Acceptable) 30 S.E. Kings Bay Drive, Apt. 202A City Crystal River FL Zip Code 34423	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PTD DOBBINS, MELODY M P O BOX 851 N/A LAKELAND FL 33802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DOBBINS, MELODY M. P. O. Box 358 Crystal River, FL 34423 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOBBINS, L G JR P O BOX 851 N/A LAKELAND FL 33802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOBBINS, L G JR P. O. Box 358 Crystal River, FL 34423 <input checked="" 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: <i>Melody M. Dobbins</i> MELODY M. DOBBINS		1/4/01	(352)794-4117
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034 (10/00)