

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90101 042 ***150.00

0630308 AV

DOCUMENT # P95000051703

1. Entity Name

FLORIDA EMPLOYMENT AND STAFFING SERVICES, INC.

Principal Place of Business

**30 SE KINGS BAY DR.
 APT 202A
 CRYSTAL RIVER FL 34429**

Mailing Address

**P O BOX 358
 CRYSTAL RIVER FL 34423-0358**

2. Principal Place of Business

1469 N. Magnolia Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Unit K

City & State

Ocala Florida

City & State

Zip

34475

Country

Marion

Country

4. FEI Number

59-3322531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

DOBBINS, MELODY M

30 SE KINGS BAY DR APT 202A

CRYSTAL RIVER FL 34423

7. Name and Address of New Registered Agent

Name

L. G. Dobbins, Jr.

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

1469 N. Magnolia Ave.

Unit K

City

Ocala

FL

Zip Code
34475

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

L. G. Dobbins, Jr., President

1/16/2002

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

TITLE **PTD** ☐ Delete
 NAME **DOBBINS, MELODY M**
 STREET ADDRESS **PO BOX 358**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34423**

TITLE **SD** ☐ Delete
 NAME **DOBBINS, L G JR**
 STREET ADDRESS **PO BOX 358**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34423**

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Sec., Treas., Director** ☒ Change ☐ Addition
 NAME **Dobbins, Melody M.**
 STREET ADDRESS **P. O. Box 358**
 CITY-ST-ZIP **Crystal River, FL 34423**

TITLE **Pres., Director** ☒ Change ☐ Addition
 NAME **Dobbins, L. G., Jr.**
 STREET ADDRESS **P. O. Box 358**
 CITY-ST-ZIP **Crystal River, FL 34423**

TITLE **Vice-president** ☐ Change ☒ Addition
 NAME **Odum, Charles M.**
 STREET ADDRESS **P. O. Box 3804**
 CITY-ST-ZIP **Ocala, FL 34478**

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

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.

(352) 628-4996

SIGNATURE:

L. G. Dobbins, Jr., President

1/16/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)