

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90005 039 ***150.00

DOCUMENT # **P95000056525**

1. Entity Name
AFFORD-A-STAFF, INC.

Principal Place of Business Mailing Address
1554 S. FT. HARRISON AVE.
CLEARWATER, FL. 33756

SAME

C0070862

2. Principal Place of Business 3. Mailing Address

Suite, Apt. # etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3324343** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVER ACKERLEY
1216 SUNSET DRIVE
CLEARWATER, FL. 33765

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (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!
After MAY 1, 2001
Make Check Payable

FEE IS \$150.00
Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D/T OLIVER ACKERLEY 1554 S. FT. HARRISON AVE CLEARWATER, FL. 33756 PRES/TL.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERY POWERS 1554 S. FT. HARRISON CLEARWATER, FL. 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Oliver Ackery** DIRECTOR **OLIVER ACKERLEY** Date **5/27/01** Daytime Phone # **727-462-4605**

CR2E034 (11/00)