

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000079521**

1. Entity Name

NATIONS STAFFING, INC.**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90324 048 ***150.00

Principal Place of Business

**25 SECOND ST N. 100
SAINT PETERSBURG FL 33701**

Mailing Address

**25 SECOND ST N. 100
SAINT PETERSBURG FL 33701**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0613511**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**STROYAN, DAVID B
14789 SEMINOLE TRAIL
SEMINOLE FL 33776**

7. Name and Address of New Registered Agent

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	STROYAN, DAVID B	
STREET ADDRESS	14789 SEMINOLE TRAIL	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	LABONTE, LEO L.	
STREET ADDRESS	12096 - 84TH AVE N.	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	DC	<input type="checkbox"/> Delete
NAME	BULLARD, FRED JR	
STREET ADDRESS	2325 ULMERTON RD., SUITE 20	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNEEL, VAN L	
STREET ADDRESS	5401 W. KENNEDY BLVD., #751	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8621 30th Street East	
STREET ADDRESS	Parrish, FL 34219	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *David B Stroyan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-01 (727) 502-0660

CR2E034 (10/00)