

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095695

1. Entity Name

MEDICAL STAFF SERVICES OF KEYSTONE HEIGHTS, INC. ✓

Principal Place of Business

100 COMMERCIAL DRIVE
KEYSTONE HEIGHTS FL 32656

Mailing Address

~~P.O. BOX 98~~

~~KEYSTONE HEIGHTS FL 32656~~

P.O. Box 98

RAIFORD, FL 32083

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

59-3347741

Applied For

Not Applicable

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

COOPER, JOHN S

100 WEST CALL STREET

STARKE FL 32091

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 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME GRIFFIS, J D
STREET ADDRESS ~~P.O. BOX 98~~ P.O. BOX 98
CITY-ST-ZIP ~~KEYSTONE HEIGHTS FL 32656~~ RAIFORD,
FL 32083 ☐ Delete

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

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14 00

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90012 020 ***550.00

01-20-2000 90111 047 *****8.75



DO NOT WRITE IN THIS SPACE