

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000788

1. Entity Name

PARATEMP, INC.

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

01-19-2000 90288 014 ***150.00

004087



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
12225 28TH STREET NORTH ST. PETERSBURG FL 33716		12225 28TH STREET NORTH ST. PETERSBURG FL 33716-1823	
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	59-3356628	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STOGNIEW, ROSEMARY 12225 28TH STREET NORTH ST. PETERSBURG FL 33716	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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOGNIEW, ROSEMARY	NAME	
STREET ADDRESS	12225 28TH STREET NORTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOGNIEW, GERALD	NAME	
STREET ADDRESS	12225 28TH STREET NORTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'REILLEY, LAURIE	NAME	
STREET ADDRESS	12225 28TH STREET NORTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOGNIEW, KRISTEN	NAME	
STREET ADDRESS	12225 28TH ST, N	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Rosemary Stogniew (ROSEMARY STOGNIEW) 1/11/2000 (527) 572-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)