

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001542

1. Entity Name

FOUR SEASONS STAFFING, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90413 049 ***158.75

0006750

Principal Place of Business

1134 PELICAN BAY DR
DAYTONA BEACH FL 32119
US

Mailing Address

1134 PELICAN BAY DR
DAYTONA BEACH FL 32119
US

80055852



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

78 STONE GATE LANE

Suite, Apt. #, etc.

3. Mailing Address

78 STONE GATE LANE

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

4. FEI Number

59-3351321

Applied For

Not Applicable

Zip

32119

Country

FLORIDA

Zip

32119

Country

FLORIDA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, JOY L
1134 PELICAN BAY DR
DAYTONA BCH FL 32119

7. Name and Address of New Registered Agent

Name

(same)

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

78 STONE GATE LANE

City

PORT ORANGE

FL

Zip Code
32119

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 \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, JOY L. 1134 PELICAN BAY DR DAYTONA BCH FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	78 STONE GATE LANE PORT ORANGE, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

Joy L Clark

Joy L Clark 04/30/01 (904) 756-9051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)