

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008897

1. Entity Name

JCR STAFFING SERVICES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90051 031 ***150.00

Principal Place of Business Mailing Address
6617 WEST BOYNTON BEACH, SUITE 202 6617 WEST BOYNTON BEACH, SUITE 202
BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437-3526

2. Principal Place of Business 3. Mailing Address
6542 Hypoluxo Rd. 6542 Hypoluxo Rd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
294 294

City & State City & State
Lake Worth, FL Lake Worth, FL
Zip Country Zip Country
33467 Rindbeck 33467 Rindbeck



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0636049
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 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, 2000 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 PSTD
NAME LEVINSON, KENNETH J
STREET ADDRESS 6617 WEST BOYNTON BEACH, SUITE 202
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6542 Hypoluxo Road, #294
CITY-ST-ZIP Lake Worth, FL 33467

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

TITLE ☐ Change ☐ Addition
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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] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00
Date

800 863-8314
Daytime Phone #