

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015640

1. Entity Name

STAFFSOURCE OF FLORIDA, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90086 038 \*\*\*150.00

Principal Place of Business

Mailing Address

26133 U.S. 19 NORTH  
SUITE 200  
CLEARWATER FL 34623

26133 U.S. 19 NORTH  
SUITE 200  
CLEARWATER FL 34623

2. Principal Place of Business

3. Mailing Address

25601 Countryside Blvd. 25601 Countryside Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #1

Suite #1

City & State

City & State

Clearwater, Florida Clearwater, Florida

Zip

Country

Zip

Country

33761 Pineellas 33761 Pineellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD  
NAME LANG, JAMES A  
STREET ADDRESS 1750 HAMPTON LANE  
CITY-ST-ZIP PALM HARBOR FL 34683 ☒ Delete

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

TITLE AVP  
NAME PROVIAS, TERRI  
STREET ADDRESS 1488 SEASPRAY LANE  
CITY-ST-ZIP DUNEDIN FL 34698 ☒ Delete

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

TITLE DP  
NAME BULLOCK, ROBERT J.  
STREET ADDRESS 101 WINSHIP RD  
CITY-ST-ZIP NEW HARTFORD NY 13413 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00

Date

Daytime Phone #

CR2E034 (9/99)