

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019598

1. Entity Name

JOBSITE PERSONNEL, INCORPORATED

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90169 046 ***150.00

Principal Place of Business

Mailing Address

3060 JOG RD
 LAKE WORTH FL 33467
 US

3074 JOG ROAD
 GREENACRES FL 33467-2053

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

65-0646657

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

RENNER, ROBERT B JR
 3074 JOG RD
 LAKE WORTH FL 33467

Name

Sherri Renner

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

3074 Jog Rd.

City

Lake Worth

FL

Zip Code

33467

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]

SHERRI RENNER

4/20/00

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	P	<input checked="" type="checkbox"/> Delete
NAME	RENNER, ROBERT B	
STREET ADDRESS	3074 JOG RD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RENNER, KEITH B	
STREET ADDRESS	3074 JOG ROAD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	TS	<input type="checkbox"/> Delete
NAME	RENNER, LOIS M	
STREET ADDRESS	3074 JOG ROAD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keith Renner	
STREET ADDRESS	3074 Jog Road	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	T, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lois Renner	
STREET ADDRESS	3074 Jog Road	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherri Renner	
STREET ADDRESS	3074 Jog Road	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

Daytime Phone #

561-966-1747

CR2E034 (9/99)