

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000034530**

1. Entity Name

**ACCOUNTING STAFFING, INC.****FILED****Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90147 038 \*\*\*150.00

Principal Place of Business

**9428 BAYMEADOWS ROAD STE 120  
JACKSONVILLE FL 32256**

Mailing Address

**9428 BAYMEADOWS ROAD STE 120  
JACKSONVILLE FL 32256**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **59-3386364**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIS, ELAINE S.  
~~9428 BAYMEADOWS ROAD STE 120~~  
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

**RAX CO., a Florida corporation**

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

**c/o Sharon R. Henderson****50 North Laura Street, Suite 3300**

City

**Jacksonville****FL**

Zip Code

**32202**

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

**Sharon R. Henderson, VP****02/12/01**

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	<input checked="" type="checkbox"/> Delete
	<b>HARRIS, ELAINE S.</b>	<b>9428 BAYMEADOWS ROAD #120</b>	<b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>P</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>Morse, Deborah</b>	<b>9428 Baymeadows Road, Suite 120</b>	<b>Jacksonville, FL 32256</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>D/S/T</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Sherrill, M. L.</b>	<b>9428 Baymeadows Road, Suite 120</b>	<b>Jacksonville, FL 32256</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

**3/8/01**

Daytime Phone #

**904-389-6850**

CR2E034 (10/00)