

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90051 044 ***150.00

DOCUMENT # P96000034530

1. Entity Name
ACCOUNTING STAFFING, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3386364**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HENDERSON, SHARON R
50 NORTH LAURA ST.
SUITE 3300
JACKSONVILLE FL 32202

Name *Margaret Burgess*
 Street Address (P.O. Box Number is Not Acceptable) *9428 Baymeadows Rd. Suite 120*
 City *Jacksonville* FL Zip Code *32256*

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 *Margaret Burgess* President

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, 2002 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 ☒ Delete
 NAME **P**
 STREET ADDRESS **MORSE, DEBORAH**
 CITY-ST-ZIP **9428 BAYMEADOWS RD., SUITE 120**
JACKSONVILLE FL 32256

TITLE ☐ Change ☒ Addition
 NAME *President*
 STREET ADDRESS *Margaret Burgess*
 CITY-ST-ZIP *9428 Baymeadows Rd Suite 120*
Jacksonville, FL 32256

TITLE ☒ Delete
 NAME **DST**
 STREET ADDRESS **SHERRILL, M.L.**
 CITY-ST-ZIP **9428 BAYMEADOWS RD., SUITE 120**
JACKSONVILLE FL 32256

TITLE ☐ Change ☒ Addition
 NAME *Secretary*
 STREET ADDRESS *Joan Tatsak*
 CITY-ST-ZIP *9428 Baymeadows Rd. Suite 120*
Jacksonville, FL 32256

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Burgess*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)