

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034530

1. Entity Name

ACCOUNTING STAFFING, INC.

FILED

02 APR 22 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Zip

Country

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

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

7. Name and Address of New Registered Agent

Name

Margie 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

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORSE, DEBORAH	
STREET ADDRESS	9428 BAYMEADOWS RD., SUITE 120	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	SHERRILL, M.L.	
STREET ADDRESS	9428 BAYMEADOWS RD., SUITE 120	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margie Burgess	
STREET ADDRESS	9428 Baymeadows Rd Suite 120	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Tatsak	
STREET ADDRESS	9428 Baymeadows Rd. Suite 120	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherman Burgess	
STREET ADDRESS	9428 Baymeadows Rd. Suite 120	
CITY-ST-ZIP	Jacksonville, FL 32256	
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		

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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:

Margie Burgess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02

Date

Daytime Phone #

904-777-7150