

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 93595 033 ***150.00

DOCUMENT # P96000035338

1. Entity Name
UNIVERSAL STAFFING EMPLOYMENT, INC.

Principal Place of Business
1221 WEST COLONIAL DRIVE
STE 100
ORLANDO FL 32804

Mailing Address
1221 WEST COLONIAL DRIVE
STE 100
ORLANDO FL 32804



2. Principal Place of Business

100 E. Pine Street
 Suite, Apt. #, etc.
Suite 208

City & State
Orlando, Fla
 Zip
32801 Country
USA

3. Mailing Address

100 E. Pine Street
 Suite, Apt. #, etc.
Suite 208

City & State
Orlando Fla
 Zip
32801 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3394706**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BUTLER, SAMUEL W
~~**1221 W. COLONIAL DR., SUITE 100**~~
~~**ORLANDO FL 32804**~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
100 E. Pine Street
Suite 208
 City **Orlando** FL **32801**

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 _____ (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 **PSD** ☐ Delete
 NAME **BUTLER, SAMUEL**
 STREET ADDRESS ~~**1221 WEST COLONIAL DRIVE STE 100**~~
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **VP** ☐ Delete
 NAME **BUTLER, DENICE D**
 STREET ADDRESS ~~**1221 W COLONIAL DR, #100**~~
 CITY-ST-ZIP ~~**ORLANDO FL 32804**~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **100 E. Pine Street Suite 208**
 CITY-ST-ZIP **Orlando, Fla 32801**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **100 E. Pine Street Suite 208**
 CITY-ST-ZIP **Orlando, Fla 32801**

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

TITLE ☐ Change ☐ Addition
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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 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

Daytime Phone #

PAID
\$150.00
7/18