

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069531

Entity Name
QUALITY PLUS STAFFING SERVICE, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90090 040 ***150.00

Principal Place of Business
26315 NORTHERN CROSS RD
PUNTA GORDA FL 33983

Mailing Address
26315 NORTHERN CROSS RD
PUNTA GORDA FL 33983



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business
223 PINE RANCH EAST ROAD
Suite, Apt. #, etc.

3. Mailing Address
223 PINE RANCH EAST ROAD
Suite, Apt. #, etc.

City & State
OSPREY FL
Zip
34229
Country
Sarasota

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OSPREY FL
Zip
34229
Country
Sarasota

4. FEI Number 65-0691223
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLEAVES, JAN K
26315 NORTHERN CROSS RD
PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
623 PINE RANCH EAST ROAD
City
OSPREY FL Zip Code
34229

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 NAME STREET ADDRESS CITY-ST-ZIP	PS CLEAVES, JAN K 26315 NORTHERN CROSS RD PUNTA GORDA FL 33983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CLEAVES, JOHN D 26315 NORTHERN CROSS RD PUNTA GORDA FL 33983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	623 PINE RANCH EAST ROAD OSPREY FL 34229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	623 PINE RANCH EAST ROAD OSPREY, FL 34229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

2/4/02
Date

941-918-9895
Daytime Phone #

CR2E034 (9/01)