## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNII

## FILED Mar 14, 2001 8:00 am DOCUMENT # P96000075429 Secretary of State 1. Entity Name ONE STAFF, INC. 03-14-2001 90007 010 \*\*\*150.00 Principal Place of Business Mailing Address 25 SECOND ST N 25 SECOND ST N UUUZ4691 SAINT PETERSBURG FL 33701 SAINT PETERSBURG FL 33701 U\$ U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3405686 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent lliam H. Mills III WALSH, PETER M Street N. Suite ORANGE PARK CENTER 696 1ST AVENUE NO.,#304 ST. PETERSBURG FL 33701 33901 or the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this Wills III CEO FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CD TITLE ☐ Addition ☐ Change TITLE ☐ Delete VAN SON, PETER NAME NAME STREET ADDRESS 4661 LAUREL OAK LANE, N.E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33703 **PCD** X Addition TITLE Delete TITLE Change Steven P. BURNS PO BOX 730 DYNDUL, ANDREW H NAME NAME STREET ADDRESS STREET ADDRESS 1863 TANGLEWOOD DRIVE, NE St. Abters burg FL 3373/ CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33702 TITLE Delete KEVIN HIRSCH MD BASS, ROBERT W NAMÉ 700 Monterey Block NE STREET ADDRESS STREET ADDRESS 540 CARILLON PKWY, #2096 St. Petersburg FL 33704 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 TITLE Delete TITLE Bean Tyler NAME NAME HAYES, VON 310 Coffee Pot RIVIEra Blod NE STREET ADDRESS STREET ADDRESS 970 MONTE CRISTO BLVD. St. Petersburg FL 33704 CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL 33715 ☐ Delete TITLE Change ☐ Addition TITLE Dogan, Gerald HOGAN, GERALD NAME NAME 501 Brightwaters Blod STREET ADDRESS STREET ADDRESS 416 BRIGHTWATERS BLVD. CITY-ST-ZIP St Peterslowa FL 33704 CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ Addition DS, CEO Change TITLE ☐ Delete TITLE MILLS, WILLIAM H III NAME NAME STREET ADDRESS STREET ADDRESS 886 RAFAEL BLVD., N.E. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33704 13. I hereby certify that the information supplied with this filling 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 the overed 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 action of the receiver of the corporation of the cor