

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075432

1. Entity Name

GLOBAL STAFF LEASING, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90076 047 ***150.00

Principal Place of Business

Mailing Address

CENTRAL AVENUE
SUITE 170
PETERSBURG FL 33707

6950 CENTRAL AVENUE
SUITE 170
ST. PETERSBURG FL 33707-1248
US

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

59-3398334

Applied For

Not Applicable

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

MCNAMARA, TERRANCE P ESQ
7116 GULF BOULEVARD
SUITE E
ST. PETERSBURG FL 33706

Name Schmeck, Doris CPA

Street Address (P.O. Box Number is Not Acceptable)

6950 Central Ave., Ste. 170

City St. Petersburg

FL

Zip Code 33707

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 Schmeck, Doris

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/00
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, 2000 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	DPVS	<input type="checkbox"/> Delete
NAME	MCNAMARA, LAURIE H	
STREET ADDRESS	6950 CENTRAL AVENUE SUITE 170	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCNAMARA, LAURIE H	
STREET ADDRESS	6950 CENTRAL AVENUE SUITE 170	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
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		

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McNamara, Laurie H.	
STREET ADDRESS	6950 Central Ave., Ste. 170	
CITY-ST-ZIP	St. Petersburg, FL 33707	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stentz, Jeffrey W.	
STREET ADDRESS	6950 Central Ave., Ste. 170	
CITY-ST-ZIP	St. Petersburg, FL 33707	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hendricks, Ken	
STREET ADDRESS	6950 Central Ave., Suite 170	
CITY-ST-ZIP	St. Petersburg, FL 33707	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hendricks, Dianne	
STREET ADDRESS	6950 Central Ave., Suite 170	
CITY-ST-ZIP	St. Petersburg, FL 33707	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leo, Karl	
STREET ADDRESS	6950 Central Ave., Suite 170	
CITY-ST-ZIP	St. Petersburg, FL 33707	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schmeck, Doris	
STREET ADDRESS	6950 Central Ave., Suite 170	
CITY-ST-ZIP	St. Petersburg, FL 33707	

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

4/19/00 888-345-0330
Date Daytime Phone #

CR2E034 (9/99)