

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90028 036 ***150.00

DOCUMENT # P96000079689

1. Entity Name

WESTERN STAFF SERVICES OF BROWARD, INC.

Principal Place of Business

**4193 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319**

Mailing Address

**PO BOX 7270
DELRAY BEACH FL 33482-7270**

2. Principal Place of Business

4195 NORTH STATE RD 7

3. Mailing Address

4195 NORTH STATE RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES, FL

City & State

LAUDERDALE LAKES, FL

Zip

33319

Country

BROWARD

Zip

33319

Country

BROWARD

4. FEI Number

65-0696046

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

**FUNDORA, JOSEPH N
4193 NORTH STATE RD 7
LAUDERDALE LAKES FL 33319**

Name

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

City

FL

Zip Code

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D			<input type="checkbox"/>	<input type="checkbox"/>
	FUNDORA, JOSEPH N	4193 NORTH STATE ROAD 7	LAUDERDALE LAKES FL 33319		
	D			<input type="checkbox"/>	<input type="checkbox"/>
	FUNDORA, LAURIE A	4193 NORTH STATE ROAD 7	LAUDERDALE LAKES FL 33319		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

CR2E034 (10/00)