

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088334

1. Entity Name

STAFFED, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90035 011 ***150.00

Principal Place of Business

Mailing Address

2033 E. EDGEWOOD DRIVE SUITE #4
LAKELAND FL 33803
US

2033 E. EDGEWOOD DRIVE SUITE #4
LAKELAND FL 33803-3801
US

new address

2. Principal Place of Business

3. Mailing Address

LAKELAND, FLORIDA

2614 Lakeland Hills Blvd #5

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 5

City & State

City & State

Lakeland, FL

Zip

Country

Zip

Country

33805 - U.S.A.

4. FEI Number

59-3425834

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

HARKINS, BILL ETA
500 S FLORIDA AVE STE 601
LAKELAND FL 33801

new address

Name

BILL HARKINS

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

5517 US HWY 98 N

City

LAKELAND

FL

Zip Code

33809

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
LAZARRE, MARGALINE
4935 MARLA AVENUE
LAKELAND FL 33813 ☐ Delete

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

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Change ☐ 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:

Margaline Lazarre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00
Date

863-603-0010
Daytime Phone #

CR2E034 (9/99)