

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90482 038 ***150.00

DOCUMENT # P97000028902

1. Entity Name

RISCORP STAFFING SOLUTIONS HOLDING COMPANY

Principal Place of Business
1924 SOUTH OSPREY AVENUE
SUITE 202
SARASOTA FL 34239
US

Mailing Address
1924 SOUTH OSPREY AVENUE
SUITE 202
SARASOTA FL 34239
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1329

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

4. FEI Number

65-0753704

Applied For

Not Applicable

Zip

Country

Zip

Country

34230

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MCCURDY, JEFFREY R
1924 SOUTH OSPREY AVENUE
SUITE 202
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name
W. Lee McGinness
 Street Address (P.O. Box Number is Not Acceptable)
1800 Second Street
Suite 971
 City **Sarasota** **FL** Zip Code **34236**

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]

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 **DP** ☐ Delete
 NAME **GRIFFIN, WILLIAM D**
 STREET ADDRESS **1924 SOUTH OSPREY AVENUE, SUITE 202**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **VPST** ☒ Delete
 NAME **MCCURDY, JEFFREY R**
 STREET ADDRESS **1924 SOUTH OSPREY AVENUE, SUITE 202**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPST** ☐ Change ☒ Addition
 NAME **Salser, Randal D.**
 STREET ADDRESS **1924 South Osprey Avenue**
 CITY-ST-ZIP **Sarasota, FL 34239**

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

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

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

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

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

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] **Randy Salser**

4/30/02

(941) 316-6827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)