2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000035580

1. Entity Name

THE STAFFING CENTERS, INC.

Principal Place of Business 551 SE NORSEMAN DR PORT ST LUCIE FL 34984

Mailing Address P.O. BOX 7445

PORT ST. LUCIE FL 34985

FILED
Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90049 045 ***150.00



2. Principal Place of Business			3. Mail	3. Mailing Address				- I TOURINGELIUS IONIA ISSUL OULIN OBANA BANAN DENEU SKUU HANDA UKUK TANAN BANA (UBAN 				
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	4. FEI Number NOT APPLICABLE Applied For Not Applicab				
Zip				Zip		Country		Certificate of Status Desired		\$8.75 Fee Requ	Additional uired	
	6. Name	and Address of Curren	t Registere	d Agent			7;	Name and Address of New Re	istered	Agent		
MCKENZIE, JIM						Name Street Address (P.O. Box Number is Not Acceptable)						
551 SE NORSEMAN DR					!	Street Address (P.O. Box Number is Not Acceptable)						
	LUCIE FL	* *						4				
1011101	LOOIL I L	J1301										
						City			FL	Zip C	Code	
9 The above	named entit	v cubmits this statement f	or the nurn	oce of changing its	rogisters	d office or rooi	etored ag	ent, or both, in the State of Florid	da Lam	familiar w	ith and accent	
the obligat	tions of regis	tered agent.	or the burb	ose or changing its	registere	sa office of fegi-	stered ag	jent, or both, in the state of mone	Ja. Talir	(a) mid: yy	iiii, and accept	
SIGNATURE .			 									
	Signature, typed	or printed name of registered agen	t and title if appl	licable. (NOTE	:: Registered	d Agent signature req	uired when re	einstating)	DATE			
. F	ILE NOW!!	!! FEE IS \$150.00	ļ							٠.		
Afte	r May 1, 200	03 Fee will be \$550.00						 Election Campaign Final Trust Fund Contribution. 			5.00 May Be Ided to Fees	
Make Check	k Payable to	o Florida Department d	of State					Trust Fund Contribution.		_) A0	ded to rees	
10.		: OFFICERS AND	DIRECTO	RS	11.		ĀD	L DDITIONS/CHANGES TO OFFIC	ERS ANI	D DIRECT	ORS IN 11	
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12. Thereby o	certify that the	e information supplied wit	h this filina	does not qualify for	the exer	notion stated in	Section	119.07(3)(i). Florida Statutes, Lfu	ırther ce	rtify that th	e information	

12. 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like sympowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

13/

772-692 5683

Daytime Phone #