

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90080 030 ***150.00

DOCUMENT # P97000055266

1. Entity Name

FILL THE GAP STAFFING, INC.

Principal Place of Business

**11706 W WATERWAY DR
HOMOSASSA FL 34448**

Mailing Address

**P O BOX 672
CRYSTAL RIVER FL 34423**

2. Principal Place of Business

10070 W. HALLS RIVER RD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOMOSASSA, FL

City & State

Zip

Country

34448

CITRUS

Zip

Country

4. FEI Number

59-3454878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALDROP, DREAMA M
11706 W WATERWAY DR
HOMOSASSA FL 34448**

7. Name and Address of New Registered Agent

Name **WALDROP, DREAMA M.**

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

10070 W. HALLS RIVER RD

City **HOMOSASSA,**

FL

Zip Code

34448

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

Dreama M. Waldrop

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

(NOTE: Registered Agent signature required when reinstating)

3/5/01

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **PRIMER, DREAMA M**
STREET ADDRESS **11706 W WATERWAY DR**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE **S** ☐ Delete
NAME **MONTGOMERY, JYNETHA**
STREET ADDRESS **PO BOX 672**
CITY-ST-ZIP **CRYSTAL RIVER FL 34423**

TITLE **D** ☐ Delete
NAME **MARK S. WALDROP**
STREET ADDRESS **10070 W. HALLS RIVER RD.**
CITY-ST-ZIP **HOMOSASSA, FL 34448**

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 **DP** ☒ Change ☐ Addition
NAME **WALDROP, DREAMA M.**
STREET ADDRESS **10070 W. HALLS RIVER RD.**
CITY-ST-ZIP **HOMOSASSA, FL 34448**

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

TITLE **D** ☐ Change ☒ Addition
NAME **MARK S. WALDROP**
STREET ADDRESS **10070 W. HALLS RIVER RD.**
CITY-ST-ZIP **HOMOSASSA, FL 34448**

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:

Dreama M. Waldrop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

Date

(352) 795-6225

Daytime Phone #

CR2E034 (10/00)