

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059726

1. Entity Name

ALLSTAFF, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90024 049 ***150.00

Principal Place of Business

9455 KOGER BLVD.
STE. #101
ST. PETERSBURG FL 33702
US

Mailing Address

9455 KOGER BLVD.
STE. #101
ST. PETERSBURG FL 33702-2431
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0764932**

Applied F
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOLTCOFF, THOMAS D
4615 DES SOL BLVD.
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name **BOLTCOFF THOMAS D**

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

9455 KOGER BL STE 101

City **ST PETERSBURG**

FL

Zip Code **33702**

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

THOMAS D. BOLTCOFF **PRESIDENT**

2/7/00

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
Added to F.

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BOLTCOFF, THOMAS D**
STREET ADDRESS **9455 KOGER BLVD, SUITE 101**
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **VP** ☐ Delete
NAME **TRAVELER, MELANIE**
STREET ADDRESS **9455 KOGER BLVD, SUITE 101**
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐
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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 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE THOMAS D. BOLTCOFF **PRESIDENT** **2/7/00** **727-568**