

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000061761**

1. Entity Name

STAFF MASTER TEMPORARY & PAYROLLING SERVICE, INC**FILED****Apr 27, 2000 8:00 am**
Secretary of State

04-27-2000 90094 040 ***158.75

Principal Place of Business

Mailing Address

1348 W CENTRAL BLVD.
ORLANDO FL 328051348 W CENTRAL BLVD.
ORLANDO FL 32804-6863

425

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

425 W. Colonial Dr

Suite 101

Orlando, FL

32804

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3456171**

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

MAREK, WILLIAM C
2943 JEANETTE COVE
OVIEDO FL 32765

Name

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

City

FL

Zip Code

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

N/A

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 State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	MAREK, WILLIAM C	2943 JEANETTE COVE	OVIEDO FL 32765				
VP	PEAVY, LARRY E.	498 NORTH ORANGE BLOSSOM TRAIL #55	ORLANDO FL 32805				
S	MAREK, DEANA	2943 JEANETTE COVE	OVIEDO FL 32765				
COMP	NEACE, KATHLEEN	1959 BISCAYNE DR	WINTER PARK FL 32789				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #