

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 14, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000061761**1. Entity Name
STAFF MASTER TEMPORARY & PAYROLLING SERVICE, INC.**Principal Place of Business**

1348 W CENTRAL BLVD.

ORLANDO
32805

FL

Mailing Address

425 WEST COLONIAL DRIVE

SUITE 101
ORLANDO
32804

FL

2. Principal Place of Business

425 WEST COLONIAL DRIVE

3. Mailing AddressSuite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.

City & State

ORLANDO

FL

City & StateZip
32804

Country

Zip

Country

4. FEI Number**59-3456171**

Applied For

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**MAREK WILLIAM C**
2943 JEANETTE COVEOVIEDO FL
32765 US**7. Name and Address of New Registered Agent**

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 **WILLIAM C. MAREK**

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

(NOTE: Registered Agent signature required when reinstating)

03/14/2001

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	COMP	<input type="checkbox"/> Delete
NAME	NEACE KATHLEEN	
STREET ADDRESS	1959 BISCAYNE DR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAREK DEANA	
STREET ADDRESS	2943 JEANETTE COVE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PEAVY LARRY E	
STREET ADDRESS	1725 ALOMA AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAREK WILLIAM C	
STREET ADDRESS	2943 JEANETTE COVE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: WILLIAM C. MAREK

P

03/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)