

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079704

1. Entity Name

STAFFING SOLUTIONS OF NORTHWEST FLORIDA, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

06-09-2000 90213 049 ***150.00

Principal Place of Business

Mailing Address

301 E. HICKORY AVENUE
CRESTVIEW FL 32536

301 E. HICKORY AVENUE
CRESTVIEW FL 32536-2737

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3467536

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

CROWE, TOM L
301 EAST HICKORY AVE
CRESTVIEW FL 32536

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

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 State.

10. 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

PD
CHILDERS, WESLEY M
113 KIPLING DRIVE
CRESTVIEW FL 32539

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Dom L. Crowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/00 (850) 682-4357

Date

Official Phone #

Doc# P97000079754

106407

Tom L. Crowe, P.A.
301 East Hickory Avenue
Crestview, FL 32536
(850) 682-4357

June 28, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Staffing Solutions of Northwest Florida, Inc.
Reference Number: P97000079704

TO WHOM IT MAY CONCERN:

This is in response to your letter of June 14, 2000. I called the (850) 488-9000 number on your letter for further explanation since your letter and reason for returning the report was totally confusing! Only to get more confused. I was given three other numbers to call. I finally reached a young lady who was very helpful. Her name was Michelle Milligan at (850) 487-6059.

Ms. Milligan simply instructed me to return your letter and state that I signed the annual report on April 28, 2000 and that our office mailed the report, along with our check on May 1, 2000.

Although I do not understand why your letter was written, or what happened, I am following Ms. Milligan's instructions.

Sincerely yours,


TOM L. CROWE

TLC:ao

Enclosures