

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90381 003 ***250.00

DOCUMENT # P97000079704

1. Entity Name

STAFFING SOLUTIONS OF NORTHWEST FLORIDA, INC.

Principal Place of Business

**301 E. HICKORY AVENUE
 CRESTVIEW FL 32536**

Mailing Address

**301 E. HICKORY AVENUE
 CRESTVIEW FL 32536**

80117748



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 North Eglin Pkwy

Suite, Apt. #, etc.

3. Mailing Address

801 North Eglin Pkwy

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32547

Country

USA

City & State

Fort Walton Beach, FL

Zip

32547

Country

USA

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

CROWE, TOM L

301 EAST HICKORY AVE

CRESTVIEW FL 32536

7. Name and Address of New Registered Agent

Name

Michael S. McDuffie

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

797 North Pearl Street

City

Crestview,

FL

Zip Code

32536

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

Michael S. McDuffie

Signature, typed or printed name of registered agent and Florida corporation

(NOTE: If a corporation's signature is required when reinstating)

4/30/02

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, 2002 Fee will be \$550.00

Make Check Payable to Department of State

For 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

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

Michael S. McDuffie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

(850) 243-8477

Daytime Phone #

CR2E034 (9/01)