

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91286 042 ***150.00

0061866 AV

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1. Entity Name
STAFFING SOLUTIONS OF NORTHWEST FLORIDA, INC.

Principal Place of Business
**801 NORTH EGLIN PKWY
FORT WALTON BEACH FL 32547**

Mailing Address
**801 NORTH EGLIN PKWY
FORT WALTON BEACH FL 32547**



2. Principal Place of Business

3. Mailing Address

301 EAST HICKORY AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
CRESTVIEW FL

4. FEI Number **59-3467536**

Applied For
 Not Applicable

Zip

Country

Zip

Country

32536

USA

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

~~MCDUFFIE, MICHAEL S~~
~~797 NORTH PEARL ST~~
~~CRESTVIEW FL 32536~~

Name
TOM L. CROWE

Street Address (P.O. Box Number is Not Acceptable)
301 EAST HICKORY AVENUE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tom L. Crowe* **TOM L. CROWE**

4/25/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TOM L. CROWE
301 EAST HICKORY AVENUE
CRESTVIEW, FL 32536** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tom L. Crowe* **SIGNATURE REQUIRED**

4/25/03

(850) 682-1214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)