

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092071

1. Entity Name

ALPHASTAFF SYSTEMS, INC.

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90127 001 \*\*\*900.00

Principal Place of Business

Mailing Address

18201 DAYBREAK DR.  
BOCA RATON FL 33496

18201 DAYBREAK DR.  
BOCA RATON FL 33496-1914

11176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1801 Clint Moore Road

1801 Clint Moore Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 115

# 115

City & State

City & State

Boca Raton FL

Boca Raton FL

Zip

Country

33487

USA

Zip

Country

33487

USA

4. FEI Number

65-0789783

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 ☐ Delete  
NAME D  
STREET ADDRESS BECK, ROBERT A II  
CITY-ST-ZIP 18201 DAYBREAK DR.  
BOCA RATON FL 33496

TITLE ☐ Change ☐ Addition  
NAME VICE President  
STREET ADDRESS IVEY, THOMAS  
CITY-ST-ZIP 1801 Clint Moore Rd #115  
Boca Raton FL 33487

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Thomas Ivey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS IVEY

4/25/00 561-241-9545  
Date Daytime Phone #

CR2E034 (9/99)