

# 2000 UNIFORM BUSINESS REPORT (UBR)

0382511

DOCUMENT # P97000108791

1. Entity Name

MASS STAFF, INC.

FILED

00 APR 26 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1144 EAST NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442

1144 EAST NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442-7725

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0802111

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEFCORT, ROBERT  
1144 EAST NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442

Name

CT Corporation System

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

1200 South Pine Island Road

City Plantation

FL

Zip Code

33324

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.

PETER F. SOUZA  
ASSISTANT SECRETARY

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BURRELL, PAUL	<input checked="" type="checkbox"/>
STREET ADDRESS	1144 E NEWPORT CENTER DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	NUGENT, BRIAN M	
STREET ADDRESS	1144 E NEWPORT CENTER DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRANCIS, SCOTT R	
STREET ADDRESS	1144 E NEWPORT CENTER DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEFCORT, ROBERT A	
STREET ADDRESS	1144 E NEWPORT CTR DR	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meier, Garry E.	
STREET ADDRESS	1144 E Newport Center Drive	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wasch, Joseph C.	
STREET ADDRESS	1144 East Newport Center Drive	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	CFOVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003238653--1	
STREET ADDRESS	-05/03/00--01154--003	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peterson, Jon H.	
STREET ADDRESS	1144 East Newport Center Drive	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)