

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016526

1. Entity Name

GLOBAL STAFFING SOLUTIONS, INC.

Principal Place of Business

10002 PRINCESS PALM AVE.
SUITE 200
TAMPA FL 33619

Mailing Address

10002 PRINCESS PALM AVE.
SUITE 200
TAMPA FL 33619

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

59-3494569

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOUGHIN, III, LESLIE ESQ.

**100 SOUTH ASHLEY DRIVE, SUITE 1500
TAMPA FL 33602-5311**

7. Name and Address of New Registered Agent

Name

MAHLON H. BARLOW

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

100 S. ASHLEY DR. Suite 2150

TAMPA, FL 33610

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 is not 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, 2002 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PTC
PEARSON, GLENN J
10002 PRINCESS PALM AVE.
TAMPA FL 33619

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
FILA, IAN
10002 PRINCESS PALM AVE.
TAMPA FL 33619

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
02 MAR 12 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Delete

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02 MAR 12 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY - ST - ZIP
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NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/02 (813) 621-6222

FILED

02 MAR 12 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02-07-2002 90021 042

DO NOT WRITE IN THIS SPACE

150

CR2E034 (9/01)

FILED