

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**  
 05-21-2002 91201 014 \*\*\*150.00

**DOCUMENT # P98000019336**

**1. Entity Name**  
**W R I STAFFING, INC.**

**Principal Place of Business**      **Mailing Address**  
**4200 WACKENHUT DRIVE #100**      **4200 WACKENHUT DRIVE #100**  
**PALM BEACH GARDENS FL 33410-4243**      **PALM BEACH GARDENS FL 33410-4243**

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**      **65-0844008**

☐ **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**

**FINIZIA, F.E.**  
**4200 WACKENHUT DRIVE #100**  
**PALM BEACH GARDENS FL 33410-4243**

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**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**      ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**      **D**      ☐ Delete  
**NAME**      **WACKENHUT, GEORGE R**  
**STREET ADDRESS**      **4200 WACKENHUT DRIVE #100**  
**CITY-ST-ZIP**      **PALM BEACH GARDENS FL 33410-4243**

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

**TITLE**      **DC**      ☐ Delete  
**NAME**      **WACKENHUT, RICHARD R**  
**STREET ADDRESS**      **4200 WACKENHUT DRIVE #100**  
**CITY-ST-ZIP**      **PALM BEACH GARDENS FL 33410-4243**

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

**TITLE**      **DCEO**      ☐ Delete  
**NAME**      **KNEIP, RICHARD C**  
**STREET ADDRESS**      **4200 WACKENHUT DRIVE #100**  
**CITY-ST-ZIP**      **PALM BEACH GARDENS FL 33410-4243**

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

**TITLE**      **D**      ☐ Delete  
**NAME**      **MAYOTTE, TERRANCE P**  
**STREET ADDRESS**      **4200 WACKENHUT DRIVE #100**  
**CITY-ST-ZIP**      **PALM BEACH GARDENS FL 33410-4243**

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

**TITLE**      **V**      ☐ Delete  
**NAME**      **GREEN, IAN A**  
**STREET ADDRESS**      **4200 WACKENHUT DRIVE #100**  
**CITY-ST-ZIP**      **PALM BEACH GARDENS FL 33410-4243**

**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**

**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**

**V.P., TAX**

**4/24/02**

**561-622-5656**

Date

Daytime Phone #

CR2E034 (9/01)