

2000 UNIFORM BUSINESS REPORT (UBR)

4/22/00-90051-043-\$150.00-\$150.00

1042

DOCUMENT # P98000032880

1. Entity Name

STAFAC SOLUTIONS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 24 PM 3:13

Principal Place of Business

4800 RIVERSIDE DR
SUITE 102
PALM BCH GARDENS FL 33410

Mailing Address

4800 RIVERSIDE DR
SUITE 102
PALM BCH GARDENS FL 33410-4252

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

APPLIED FOR

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

HENRY, THORNTON M
505 S. FLAGLER DR., SUITE 1100
W. PALM BCH FL 33401-3475

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
SELLERS, RON 1615 FORUM PLACE, SUITE 4C W. PALM BCH FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ron Sellers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2000 (561) 775-0887
Date Daytime Phone #

CR2E034 (9/99)

Form **SS-4**

Application for Employer Identification Number

(Rev. February 1998)

Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) STAFAC SOLUTIONS, INC.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name Ron Sellers
	4a Mailing address (street address) (room, apt., or suite no.) 4800 Riverside Drive, Ste. 102	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Palm Beach Gardens, FL 33410	5b City, state, and ZIP code
	6 County and state where principal business is located Palm Beach County, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustee — SSN or ITIN may be required (see instructions) ► Ron Sellers (S.S. No. 263-88-9566)	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ► PROFIT
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)	11 Closing month of accounting year (see instructions) December 31
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	► N/A
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)	Nonsgricultural	Agricultural	Household
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14 Principal activity (see instructions) ► Personnel Services
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ►	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►
	<input checked="" type="checkbox"/> N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ►
Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year)
City and state where filed
Previous EIN

Under penalties of perjury I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) (561) 659-3000
	Fax telephone number (include area code) (561) 832-1454

Name and title (Please type or print clearly.) ► **Ron Sellers, Director**

Signature ► <i>Ron Sellers</i>	Date ► 03/11/00
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Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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