

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90148 038 ***150.00

DOCUMENT # P98000033445

1. Entity Name

XLNT STAFFING, INC.

Principal Place of Business

Mailing Address

1520 YARMOUTH
WELLINGTON FL 33414

1520 YARMOUTH
WELLINGTON FL 33414-7772

2. Principal Place of Business

3. Mailing Address

2211 Alford way

2211 Alford way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

West Palm Beach, FL

West Palm Beach, FL

City & State

City & State

33414

33414

Zip

Country

USA

Zip

Country

USA

4. FEI Number **65-0827313**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GILL, AMANDA
1520 YARMOUTH
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

Gill, Amanda

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

2211 Alford way

West Palm Beach, FL

City

FL

Zip Code

33414

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

Amanda B. Gill

1/25/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GILL, AMANDA	
STREET ADDRESS	1520 YARMOUTH	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

A address
see above

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Gill, Amanda	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2211 Alford way	
STREET ADDRESS	West Palm Beach, FL	
CITY-ST-ZIP	33414	
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		
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:

Amanda B. Gill
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00
 Date

361-792-7232
 Daytime Phone #

CR2E034 (9/99)