

5/5/5

2000 UNIFORM BUSINESS REPORT (UBR)

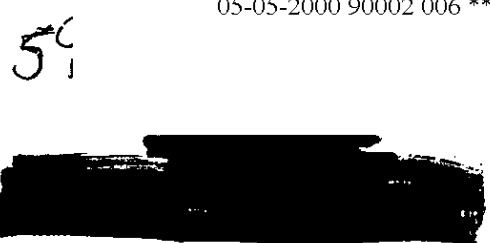
FILED
Jul 05, 2000 8:00 am
Secretary of State

05-05-2000 90002 006 ***150.00

DOCUMENT # P98000048897

1. Entity Name
ABLE STAFFING & LEASING II, INC.

Principal Place of Business	Mailing Address
US HIGHWAY 19 NORTH HARBOR FL 34684	POST OFFICE BOX 4699 CLEARWATER FL 33758-4699



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3521838		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name: DAVID GAMON Street Address (P.O. Box Number is Not Acceptable): 30750 US HWY 19 N City: PALM HARBOR FL Zip Code: 34684			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
D&B CORPORATE SVCS INC 30750 US HWY 19 N PALM HARBOR FL 34684				Name: DAVID GAMON Street Address (P.O. Box Number is Not Acceptable): 30750 US HWY 19 N City: PALM HARBOR FL Zip Code: 34684			

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: DATE: **5-1-00**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

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	PSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONGELLUZZI, CHRISTOPHER		NAME		
STREET ADDRESS	30750 US HIGHWAY 19 NORTH		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: DATE: **5-1-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)