

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000080416  
 1. Entity Name  
Financial Staffing, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

31654

2. Principal Place of Business  
9428 Baymeadows Rd  
 Suite, Apt. #, etc.  
Suite #120

3. Mailing Address  
9428 Baymeadows Rd  
 Suite, Apt. #, etc.  
Suite #120

DO NOT WRITE IN THIS SPACE

City & State  
Jacksonville, FL  
 Zip  
32250 Country  
USA

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32250 Country  
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4. FEI Number  
59-3532654 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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 IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name Margal Burgess  
 Street Address (P.O. Box Number is Not Acceptable)  
9428 Baymeadows Rd  
Suite #120  
 City Jacksonville FL Zip Code 32250

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 Margal Burgess DATE 5/9/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requirement when resigning)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
 (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE President  
 NAME Margal Burgess  
 STREET ADDRESS 9428 Baymeadows Rd #120  
 CITY-ST-ZIP Jacksonville, FL 32250

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Vice President  
 NAME Sherman Burgess  
 STREET ADDRESS 9428 Baymeadows Rd #120  
 CITY-ST-ZIP Jacksonville, FL 32250

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Secretary  
 NAME Jean Tatsak  
 STREET ADDRESS 9428 Baymeadows Rd #120  
 CITY-ST-ZIP Jacksonville, FL 32250

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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 on an attachment with an address with all other like employed.

SIGNATURE Margal Burgess DATE 4-15-02 DAYTIME PHONE # (904) 737-7756  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)