

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085864

1. Entity Name

CLOVER STAFFING, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90159 040 ***150.00

Principal Place of Business	Mailing Address
3300 N. UNIVERSITY DRIVE #403 CORAL SPRINGS FL 33065	3300 N. UNIVERSITY DRIVE #403 CORAL SPRINGS FL 33065-3939

2. Principal Place of Business	3. Mailing Address
10251-B W. SAMPLE RD Suite, Apt. #, etc.	10251-B W. SAMPLE RD Suite, Apt. #, etc.

City & State	City & State
CORAL SPRINGS, FL	CORAL SPRINGS, FL
Zip	Zip
33065	33065
Country	Country
USA	USA

4. FEI Number	Applied For
65-0868958	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BROOKS, EDWARD 3301 N. UNIVERSITY DRIVE SUITE 403 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
Name BROOKS, EDWARD
Street Address (P.O. Box Number is Not Acceptable) 10251 B W. SAMPLE RD
City CORAL SPRINGS FL
Zip Code 33065

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	EDWARD BROOKS	DATE	4/18/00
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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	BROOKS, EDWARD
STREET ADDRESS	3301 N. UNIVERSITY DR. SUITE 403
CITY-ST-ZIP	CORAL SPRINGS FL 33065
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, EDWARD
STREET ADDRESS	10251 B W. SAMPLE RD
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
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:	EDWARD BROOKS	DATE	4/18/00	Daytime Phone #	954 753-9722
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CR2E034 (9/99)