

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095258

1. Entity Name

ALL CLINICAL STAFFING, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90065 043 ***150.00

Principal Place of Business

1463 OAKFIELD DRIVE
SUITE 127
BRANDON FL 33511

Mailing Address

1463 OAKFIELD DRIVE
SUITE 127
BRANDON FL 33511

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3541307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VERA, ANDRE
1601 BURNINGTREE LANE
BRANDON FL 33510

7. Name and Address of New Registered Agent

Name

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

1466 OAKFIELD DRIVE

City

BRANDON

FL

Zip Code

33511

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, 2001 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	PTD	<input type="checkbox"/> Delete
NAME	VERA, ANDRE A	
STREET ADDRESS	1601 BURNINGTREE LANE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	V	<input type="checkbox"/> Delete
NAME	VERA, ADAM S	
STREET ADDRESS	1601 BURNINGTREE LANE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LIEB, CHRISTINA K	
STREET ADDRESS	1601 BURNINGTREE LANE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	V	<input type="checkbox"/> Delete
NAME	VERA, DAVID A	
STREET ADDRESS	1601 BURNINGTREE LANE	
CITY-ST-ZIP	BRANDON FL 33510	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1466 OAKFIELD DRIVE	
STREET ADDRESS	BRANDON, FL 33511	
CITY-ST-ZIP		
TITLE	ANDRE VERA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1466 OAKFIELD DR.	
STREET ADDRESS	BRANDON, FL 33511	
CITY-ST-ZIP		
TITLE	ANDRE VERA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1466 OAKFIELD DR.	
STREET ADDRESS	BRANDON, FL 33511	
CITY-ST-ZIP		
TITLE	ANDRE VERA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1466 OAKFIELD DRIVE	
STREET ADDRESS	BRANDON, FL 33511	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-01 813-657-2693

Date

Daytime Phone #

CR2E034 (10/00)