

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098620

1. Entity Name

CENTURY PERSONNEL, INC.

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

01-28-2000 90113 028 ***150.00

Principal Place of Business

3321 SCRUB OAK LANE
JACKSONVILLE FL 32223

Mailing Address

3321 SCRUB OAK LANE
JACKSONVILLE FL 32223-3247

2. Principal Place of Business

6501 Arlington Expressway
Suite, Apt. #, etc.
B210

3. Mailing Address

P.O. Box 16261
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32211

Country

U.S.A.

Zip

32245

Country

U.S.A.

4. FEI Number

59-3544400

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUERNSEY, STEVE
3321 SCRUB OAK LANE
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

Same

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

City

FL

Zip Code

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.

Steve Guernsey President

(NOTE: Registered Agent signature required when reinstating)

1/21/00

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	SPD	<input type="checkbox"/> Delete
NAME	GUERNSEY, STEVE	
STREET ADDRESS	3321 SCRUB OAK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	DTV	<input type="checkbox"/> Delete
NAME	GUERNSEY, CHRISTINE	
STREET ADDRESS	3321 SCRUB OAK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input checked="" 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	<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
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STREET ADDRESS	
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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

Steve Guernsey President

1/21/00

DATE

(904) 855-0711

Daytime Phone #

CR2E034 (9/99)