

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017688

1. Entity Name
ROCK-N-ROLL STAFFING, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90020 021 ***150.00

Principal Place of Business
3150 46 AVE NORTH
ST PETERSBURG FL 33714

Mailing Address
3150 46 AVE NORTH
ST PETERSBURG FL 33714

2. Principal Place of Business
3150 46 AVE NO
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
ST PETERS FL
Zip
33714
Country
USA

City & State
Zip
Country

4. FEI Number 65-0906200

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

LAMBERT, BRUCE A
6450 GULFPORT BLVD SOUTH
GULFPORT FL 33707

7. Name and Address of New Registered Agent

Name
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 *Bruce A Lambert*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-5-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 SEC - TREASURER	<input type="checkbox"/> Delete
NAME	MOORE, RODNEY O SR	
STREET ADDRESS	7755 FAREHAM CT	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	D VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	TURNER, CARROLL B	
STREET ADDRESS	1718 BAYSHORE DR	
CITY-ST-ZIP	TERRA CEIA FL 34250	
TITLE	D PRESIDENT	<input type="checkbox"/> Delete
NAME	LAMBERT, BRUCE A	
STREET ADDRESS	6450 GULFPORT BLVD SO	
CITY-ST-ZIP	GULFPORT FL 33707	
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
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: *Bruce A Lambert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-00 727 521 6850
Date Daytime Phone #

CR2E034 (5/00)

Attachment
DH#pgw/17688
DW60784

ROCK-N-ROLL STAFFING, INC.

"We Will Do Our Very Best for You"

7-5-00

To Whom It Concerns,

I just received
this paperwork I DID NOT receive
the first mailing, I'm sorry
for the inconvenience But I believe
I'm NOT AT FAULT.

Bruce A. Lemus
president

TAMPA

Phone (813) 960-5606 • Fax (813) 960-7955

ST. PETERSBURG

Phone (727) 521-6850 • Fax (727) 521-2921