

DOCUMENT # P99000017688

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

Principal Place of Business Mailing Address
3150 46TH AVE NO 3150 46TH AVE NO
SAINT PETERSBURG FL 33714 SAINT PETERSBURG FL 33714
US US

2. Principal Place of Business 3. Mailing Address
SAME AS ABOVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

FILED
Jan 09, 2001 8:00 am
Secretary of State
01-09-2001 90011 023 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** 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* DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DST	<input type="checkbox"/> Delete
NAME	MOORE, RODNEY O SR	
STREET ADDRESS	7755 FAREHAM CT	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, CARROLL B	
STREET ADDRESS	1718 BAYSHORE DR	
CITY-ST-ZIP	TERRA CEIA FL 34250	
TITLE	D	<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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, CARROLL B	
STREET ADDRESS	5373 - 75TH ST. No.	
CITY-ST-ZIP	ST. PETERS FL 33709	NEW ADDRESS
TITLE	PRES. + MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, BRUCE A.	
STREET ADDRESS	6450 GULFPORT Blvd So.	
CITY-ST-ZIP	GULFPORT FL 33707	
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* 1-5-01 727 5216850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)