

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90113 035 ***150.00

DOCUMENT # P99000029797

1. Entity Name
DISTINCTIVE STAFFING HOME SERVICES, INC.



Principal Place of Business

**205 WORTH AVE
STE 201
PALM BEACH FL 33480**

Mailing Address

**205 WORTH AVE
STE 201
PALM BEACH FL 33480**

2. Principal Place of Business

205 WORTH AVE

Suite, Apt. #, etc.

STE 319

City & State

Palm Beach, FL

Zip

33480

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

Zip

33480

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0912627

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, JOHN A ESQ

% ARNSTEIN & LEHR

515 N. FLAGLER DR., STE 600

WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **BRENDA CONNER**

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

1860 RICHARD LANE

City **W.P. BEACH**

FL

Zip Code **33406**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Brenda M Conner

(NOTE: Registered Agent signature required when reinstating)

DATE

OUT OF TOWN 2-4-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MORGENSTERN-CONNER, BRENDA**
STREET ADDRESS **1860 RICHARD LANE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brenda M Conner

2-4-03

561-822-9927

Date

Daytime Phone #

CR2E034 (10/02)