

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90184 045 ***150.00

0418515 AV

DOCUMENT # P99000031758

1. Entity Name

CARDINAL STAFFING, INC.

Principal Place of Business

**3112 BARKLEY LANE
 VALRICO FL 33594**

Mailing Address

**3112 BARKLEY LANE
 VALRICO FL 33594**

50010433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

205 Apollo Beach Blvd.

3. Mailing Address

Same as Block 2

Suite, Apt. #, etc.

Suite # 102

Suite, Apt. #, etc.

City & State

Apollo Beach FL

City & State

FL

4. FEI Number

65-0898980

Applied For

☐ Not Applicable

Zip

33572

Country

U.S.A

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WIGGINTON, THERESA I

116 LITHIA PINECREST ROAD STE 100

BRANDON FL 33511

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

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, 2002 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 **PD** ☐ Delete
 NAME **SCHILLER, HAROLD C**
 STREET ADDRESS **3112 BARKLEY LANE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE **VSTD** ☐ Delete
 NAME **JENKINS, ROGER D**
 STREET ADDRESS **3112 BARKLEY LANE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

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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 lives empowered.

SIGNATURE:

Harold C. Schiller, Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)