

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000039688**

Entity Name
IPSON STAFFING SERVICES, INC.

FILED

03 MAY 19 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02-03

Principal Place of Business WEST CYPRESS STREET SUITE 380 IPA FL 33607		Mailing Address C/O 132 NASSAU STREET SUITE 423 NEW YORK NY 10038	
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **22-3654623**

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

6. Name and Address of Current Registered Agent
**HOFFMAN, ANNETTE
7003 BONAVENTURE DRIVE
TAMPA FL 33607**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL**

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 agree to the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$850.00
After September 13, 2002, Fee 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOFFMAN, ANNETTE 132 NASSAU STREET SUITE 423 NEW YORK NY 10038 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 like empowered.

SIGNATURE: *[Signature]* **11-27-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4-02)