

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057695

1. Entity Name

ONGALL STAFF, INC. OMSTAFF, INC

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90319 027 ***150.00

Principal Place of Business

Mailing Address

10957-D ATLANTIC BLVD
JACKSONVILLE FL 32225

10957-D ATLANTIC BLVD
JACKSONVILLE FL 32225-2934

2. Principal Place of Business

5847 LUELLA ST.

Suite, Apt. #, etc.

3. Mailing Address

5847 LUELLA ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3583595

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

32207

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, FALGUNI D
11207 CHESTER LAKE ROAD WEST
JACKSONVILLE FL 32256

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

Falguni Patel

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

(NOTE: Registered Agent signature required when reinstating)

2-14-00

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, 2000 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	PCD	<input checked="" type="checkbox"/> Delete
NAME	BALANGUE, BOOTS D	
STREET ADDRESS	8719 TOWNSQUARE DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PATEL, DINESH D	
STREET ADDRESS	11207 CHESTER LAKE ROAD WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BAYOT, SELWYN F	
STREET ADDRESS	12794 SUNDANCE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PATEL, FALGUNI D	
STREET ADDRESS	11207 CHESTER LAKE ROAD WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
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	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATALIE D. BALANGUE	
STREET ADDRESS	8719 TOWNSQUARE DR N.	
CITY-ST-ZIP	JACKSONVILLE, FL, 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYOT, ANDREA L.	
STREET ADDRESS	3991 HABANA AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL, 32217	
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:

Falguni Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

(904) 348-6401

Daytime Phone #

CR2E034 (9/99)