

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062743

1. Entity Name  
BEST PRACTICES OF THE STAFFING INDUSTRY, INC.

Principal Place of Business Mailing Address  
5179 S.W. 71ST PLACE 5179 S.W. 71ST PLACE  
MIAMI FL 33155 MIAMI FL 33155

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

## 6. Name and Address of Current Registered Agent

STUBBLEFIELD, D. AUSTIN  
5179 S.W. 71ST PLACE  
MIAMI FL 33155

## 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 \_\_\_\_\_ 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, 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 D  
NAME STUBBLEFIELD, D. AUSTIN  
STREET ADDRESS 5179 S.W. 71ST PLACE  
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE D  
NAME GRESHAM, WADE H  
STREET ADDRESS 3629 HATHAWAY RD  
CITY-ST-ZIP DURHAM NC 27707 ☐ Delete

TITLE D  
NAME HINSTON, TOM (HUSTON), TOM  
STREET ADDRESS 1001 MANATI AVE  
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 empowerments.

SIGNATURE: \_\_\_\_\_ DATE: 1-07-02 DAYTIME PHONE: 305-661-4027  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**  
01-11-2002 90010 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)