2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097156

1. Entity Name

ALLIED STAFFING, INC.

Principal Place of Business

Mailing Address

118 SO. LAKE AVE.

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

118 SO, LAKE AVE. AVON PARK FL 33825-3904

				1	<u> </u>	# 10,111 100001 IKOOT D	4114 0 (1411 (1 80 4
2. Principal Place of Business		3. Mailing Address		-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	IS SPACE	
City & State		City & State		4.	FEI Number 65-0960682	Applied For Not Applicable	
Zip	Country	Zip Country			Certificate of Status Desired	\$8.75 Additional Fee Required	
6, N	lame and Address of Current F	legistered Agent		7.	Name and Address of New Registere	d Agent	
				Name			
WELBORN, CHARLES P JR. 118 SO. LAKE AVE. AVON PARK FL 33825			Street A	Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip Code		
SIGNATURE	entity submits this statement for typed or printed name of registered agent at		s registered office o		einstating)	E	
	s eligible to satisfy its Intangible nent and elects to do so. ack)	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta				
11.	OFFICERS AND D	DIRECTORS	12.		DDITIONS/CHANGES TO OFFICERS A	IND DIRECTOR	8S IN 11
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mary J 500 Oc	ane Yorke ean Pond Road Park, Georgia 3163	☐ Change	Addition \
CITY-ST-ZIP TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS	Charle 118 So	es P. Welborn, Jr. uth Lake Avenue Park, Florida 3382	Change	Addition
CITY-ST-ZIP			CITY-ST-ZIP	L	Fark, Florida 530=		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W. Dan 500 Oc Lake T	iel Bremer ean Pond Road Park, Georgia 3163	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete:	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE		☐ Delete	TITLE			☐ Change	Addition

STREET ADDRESS

Charles P. Welborn, Jr

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 eath; 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 AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 04, 2000 8:00 am Secretary of State

> (863) 453-2220

Daytime Phone #

05-04-2000 90174 005 ***150.00