2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90054 045 ***150.00

DOCUMENT # P99000106789

1. Entity Name

ARBOR TEMPORARY SERVICES OF TAMPA, INC.

Principal Place of Business	Mailing Address
4100 WEST KENNEDY BOULEVARD SUITE 310 TAMPA FL 33609	4100 WEST KENNEDY BOULEVARD SUITE 310 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	33 Old Kings Rd. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1
City & State	City & State Palm Coast, FL
Zip / Country	Zip 32137 / Country USA

4. FEI Number 59-3612928 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAVY, BENJAMIN
2825 NORTH OCEANSHORE BOULEVARD
BEVERLY BEACH FL 32136

7. Name and Address of New Registered Agent

Name FRANK CANTANNO
Street Address (P.O. Box Number is Not Acceptable) 26 WEST CEDAR LANE.
City PALM COAST FL Zip Code 32164.

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] President 3/15/00
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, 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	D	☐ Delete
NAME	FRANK CANTANNO	
STREET ADDRESS	26 W. CEDAR LANE.	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	D	☐ Delete
NAME	SHARON CANTANNO	
STREET ADDRESS	26 WEST CEDAR LANE.	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
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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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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] 3/15/00 800-471-7701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #