2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90126 036 ***150.00

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DOCUMENT # P99000106789

1. Entity Name
ARBOR TEMPORARY SERVICES OF TAMPA, INC.

Principal Place of Business	Mailing Address
4100 WEST KENNEDY BOULEVARD	33 OLD KINGS RD N
SUITE 310	STE-1
TAMPA FL 33609	PALM COAST FL 32137

2. Principal Place of Business		3. Mailing Address	
Lago Vista Executive Stes.		25 Pine Cone Dr.	
Suite, Apt. #, etc.: 8019 N. Himes, Ste. 502		Suite, Apt. #, etc.: Ste. 4	
City & State: Tampa, FL		City & State: Palm Coast, FL	
Zip: 33614	Country: USA	Zip: 32164	Country: USA

☐ CHECK HERE IF MAKING CHANGES

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

CANTANNO, FRANK
26 WEST CEDAR LN
PALM COAST FL 32164

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CANTANNO, FRANK		NAME	
STREET ADDRESS	26 W CEDAR LN		STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32164		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CANTANNO, SHARON		NAME	
STREET ADDRESS	26 W CEDAR LN		STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32164		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/21/03 800-473-7701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #