

2000 UNIFORM BUSINESS REPORT (UBR)

2/8/00

FILED

Apr 28, 2000 8:00 am
Secretary of State

02-08-2000 90156 010 ***150.00

DOCUMENT # S54431

1. Entity Name

TEAMSTAFF I, INC.

Principal Place of Business

Mailing Address

THE TEAMSTAFF BLDG., 8TH FLOOR
1211 N. WESTSHORE BLVD.
TAMPA FL 33607

THE TEAMSTAFF BLDG., 8TH FLOOR
1211 N. WESTSHORE BLVD.
TAMPA FL 33607-4600

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3067619

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOGGINS, KIRK
1211 N. WESTSHORE BLVD., SUITE 800
TAMPA FL 33607

Name CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

1200 SO. PINE ISLAND ROAD

City PLANTATION

FL

Zip Code 33324

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 *Penelope L. Morjan* Special Asst. Secy 3-10-00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SCOGGINS, KIRK A.
STREET ADDRESS 1901 BROOKLINE STREET
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

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

TITLE VTS
NAME KELLY, DONALD T
STREET ADDRESS 300 ATRIUM DR
CITY-ST-ZIP SOMERSET NJ 08873 ☐ Delete

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

TITLE C
NAME KAPPAUF, DONALD W
STREET ADDRESS 300 ATRIUM DR
CITY-ST-ZIP SOMERSET NJ 08873 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00
Date

732-748-1700
Daytime Phone #