

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90011 035 \*\*\*558.75

0132049 AT

**DOCUMENT # S54431**

1. Entity Name  
**TEAMSTAFF I, INC.**

Principal Place of Business  
**THE TEAMSTAFF BLDG., 8TH FLOOR**  
**1211 N. WESTSHORE BLVD.**  
**TAMPA FL 33607**

Mailing Address  
**300 ATRIUM DR.**  
**SOMERSET NJ 08873**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**300 Atrium Drive**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Somerset, N.J.**  
 Zip  
**08873** Country  
**US**

City & State  
 Suite, Apt. #, etc.

4. FEI Number  
**59-3067619**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
**CT Corporation**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. Pine Island Rd.**  
 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: *[Signature]*  
 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCOGGINS, KIRK A.</b>	
STREET ADDRESS	<b>1901 BROOKLINE STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE	<b>VTS</b>	<input type="checkbox"/> Delete
NAME	<b>KELLY, DONALD T</b>	
STREET ADDRESS	<b>300 ATRIUM DR</b>	
CITY-ST-ZIP	<b>SOMERSET NJ 08873</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>KAPPAUF, DONALD W</b>	
STREET ADDRESS	<b>300 ATRIUM DR</b>	
CITY-ST-ZIP	<b>SOMERSET NJ 08873</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kenn Jankowski</b>	
STREET ADDRESS	<b>1901 Wilmerton Rd. Suite 800</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33762</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/24/01*  
 Date

*732-748-1700*  
 Daytime Phone #

CR2E034 (5/01)