

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90013 015 ***150.00

DOCUMENT # V26620

1. Entity Name

STAFFING SOLUTION INC.

Principal Place of Business

~~2987 W COMMERCIAL BLVD~~
~~FT LAUDERDALE FL 33309~~

Mailing Address

~~2987 W COMMERCIAL BLVD~~
~~FT LAUDERDALE FL 33309-3502~~

MOVED 3/21/00

2. Principal Place of Business

2363 DEER CREEK TRAIL

3. Mailing Address

Suite, Apt. #, etc.

City & State

SAME

City & State

DEERFIELD BCH FL

Zip

33442

Country

BROWARD

Zip

33442

Country

FL

4. FEI Number

65-0326478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAMLER, GARY
~~2987 W COMMERCIAL BLVD~~
~~FT LAUDERDALE FL 33309~~

2363 DEER CREEK TRAIL
DEERFIELD BCH FL
33442

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.

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 \$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	PD	<input type="checkbox"/> Delete
NAME	KAMLER, GARY	<i>SAME AS ABOVE</i>
STREET ADDRESS	2987 W COMMERCIAL BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	GARY KAMLER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>2363 DEER CREEK TRAIL</i>	
STREET ADDRESS	<i>DEERFIELD BCH FL 33442</i>	
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		
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/00 561-9828877

CR2F034 (9/99)