

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90226 017 ***150.00

DOCUMENT # V72257

1. Entity Name

STAFF OUTSOURCE SOLUTIONS II, INC.



Principal Place of Business

**1800 2ND ST.
STE 909
SARASOTA FL 34236
US**

Mailing Address

**1800 2ND ST.
STE 909
SARASOTA FL 34236
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0360292

Applied For

Not Applicable

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

**WOLFE, RANDOLPH J ESQ.
FOLEY & LARDNER
100 N. TAMPA STREET, SUITE 2700
TAMPA FL 33602**

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* ☐ Delete
NAME **D**
STREET ADDRESS **HARRIS, WAYNE G**
CITY-ST-ZIP **1800 2ND ST., STE 909
SARASOTA FL 34236**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LANZA, KELLY**
CITY-ST-ZIP **1800 2ND ST., STE 909
SARASOTA FL 34236**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HARKAVY, JONATHAN**
CITY-ST-ZIP **1501 WILSON BLVD., STE 1110
ARLINGTON VA 22209**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ROGERS, MICHAEL T**
CITY-ST-ZIP **45 STATE ST, UNIT 395
MONTPELIER VT 05601**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)