

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

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90191 037 ***150.00

DOCUMENT # F02000001581



1. Entity Name
BRIDGE STAFFING, INC.

Principal Place of Business
**3765-A GOVERNMENT STREET
MOBILE AL 36693**

Mailing Address
**3765-A GOVERNMENT STREET
MOBILE AL 36693**



2. Principal Place of Business
Suite, Apt. #, etc.

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

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **63-1283794** Applied For
Not Applicable

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

Zip Country Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 *Carol E Feuger*

DATE **3/12/03**

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	P <input type="checkbox"/> Delete
NAME	FEUGER, CAROL E
STREET ADDRESS	3765-A GOVERNMENT STREET
CITY-ST-ZIP	MOBILE AL 36693
TITLE	V <input type="checkbox"/> Delete
NAME	BARLOW, CHRISTOPHER J
STREET ADDRESS	3765-A GOVERNMENT STREET
CITY-ST-ZIP	MOBILE AL 36693
TITLE	ST <input type="checkbox"/> Delete
NAME	PORTER, CINDY S
STREET ADDRESS	3765-A GOVERNMENT STREET
CITY-ST-ZIP	MOBILE AL 36693
TITLE	D <input type="checkbox"/> Delete
NAME	MOLYNEUX, MICHAEL G
STREET ADDRESS	3765-A GOVERNMENT STREET
CITY-ST-ZIP	MOBILE AL 36693
TITLE	D <input type="checkbox"/> Delete
NAME	MARTIN, JAMES B IV
STREET ADDRESS	3765-A GOVERNMENT STREET
CITY-ST-ZIP	MOBILE AL 36693
TITLE	<input type="checkbox"/> Delete
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	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Required*

DATE **3/12/03** DAYTIME PHONE # **251 643 7070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #