

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

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03-13-2002 90151 007 \*\*\*150.00

**DOCUMENT # F99000006098**

1. Entity Name  
**TAMPA BAY STAFFING SOLUTIONS, INC.**

Principal Place of Business 113 SEABOARD LANE, STE. A-200 FRANKLIN TN 37067	Mailing Address 113 SEABOARD LANE, STE. A-200 FRANKLIN TN 37067
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>62-1797791</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>PCEO</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WHITE, DAVID R</b>			NAME			
STREET ADDRESS	<b>113 SEABOARD LANE, STE. A-200</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FRANKLIN TN 37067</b>			CITY-ST-ZIP			
TITLE	<b>EV</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MCREE, SANDRA</b>			NAME			
STREET ADDRESS	<b>113 SEABOARD LANE, STE. A-200</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FRANKLIN TN 37067</b>			CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>COYLE, FRANK A</b>			NAME			
STREET ADDRESS	<b>113 SEABOARD LANE, STE. A-200</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FRANKLIN TN 37067</b>			CITY-ST-ZIP			
TITLE	<b>AS</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ABBOTT, KAREN H</b>			NAME			
STREET ADDRESS	<b>113 SEABOARD LANE, STE. A-200</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FRANKLIN TN 37067</b>			CITY-ST-ZIP			
TITLE	<b>TV</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WHITMER, W. CARL</b>			NAME			
STREET ADDRESS	<b>113 SEABOARD LANE, STE. A-200</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>FRANKLIN TN 37067</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LEVY, PAUL S</b>			NAME			
STREET ADDRESS	<b>450 LEXINGTON AVE., STE. 3350</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>			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: Frank A. Coyle Secretary 2-13-2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)