

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006575

1. Entity Name

CENTURY II STAFFING USA, INC.

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90717 041 ***150.00

Principal Place of Business

Mailing Address

155 FRANKLIN RD., SUITE 330
BRENTWOOD TN 37027

155 FRANKLIN RD., SUITE 330
BRENTWOOD TN 37027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 62-1803921

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME FORTUNE, MARC
STREET ADDRESS 1026 OVERTON LEA RD.
CITY-ST-ZIP NASHVILLE TN 37220

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

TITLE D ☐ Delete
NAME DAILY, GREGORY SCOTT
STREET ADDRESS 3841 GREEN HILLS VILLAGE DR.
CITY-ST-ZIP NASHVILLE TN 37215

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

TITLE S ☐ Delete
NAME ALTENBERN, DOUGLAS SR.
STREET ADDRESS 1025 CHANCERY LANE SOUTH
CITY-ST-ZIP NASHVILLE TN 37215

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

TITLE D ☐ Delete
NAME GOULD, JEFFREY R
STREET ADDRESS 1163 GATEWAY LANE
CITY-ST-ZIP NASHVILLE TN 37220

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

TITLE D ☐ Delete
NAME HICKEY, ROSS V JR
STREET ADDRESS 5820 FREDRICKSBURG DRIVE
CITY-ST-ZIP NASHVILLE TN 37215

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

TITLE AS ☐ Delete
NAME RABURN, DENISE
STREET ADDRESS 1101 WHITE BLUFF RD.
CITY-ST-ZIP WHITE BLUFF TN 37187

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)