

2001 UNIFORM BUSINESS REPORT (UBR)

4/19

FILED
May 11, 2001 8:00 am
Secretary of State

04-19-2001 90302 023 ***150.00

DOCUMENT # P00000087994

1. Entity Name
HIGH VELOCITY STAFFING INC.

Principal Place of Business Mailing Address
5265 ALL OAKS CT. **5265 ALL OAKS CT.**
JACKSONVILLE FL 32258 **JACKSONVILLE FL 32258**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5265 All Oaks Court **5265 All Oaks Ct.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Jacksonville FL. **Jacksonville FL.** **301587996** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32258 **USA** **32258** **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
M O'MARA, ROBERT **O'Mara**
5265 ALL OAKS CT. Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32258
 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: *Robert O'Mara* DATE: **4/17/01**
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. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Susanne O'Mara 5265 All Oaks Court Jacksonville, FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Officer Susanne O'Mara 5265 All Oaks Court JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Robert O'Mara 5265 All Oaks Court Jacksonville, FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert O'Mara* Date: **4/17/01** Daytime Phone #: **904 910-2415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)