

04-28-2003 90976007 150.00
P00000087994

FILED

03 NOV -5 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P00000087994

1. Entity Name
HIGH VELOCITY STAFFING INC.

Principal Place of Business
5265 ALL OAKS CT.
JACKSONVILLE, FL 32258

Mailing Address
5265 ALL OAKS CT.
JACKSONVILLE, FL 32258

2430 Linksway

State, Apt. #, etc.
USA 92081

3. State
Vista Co

4. FEI NUMBER
30-1587886

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

6. Name and Address of Current Registered Agent
O'HARA, ROBERT
5265 ALL OAKS CT.
JACKSONVILLE, FL 32258

7. Name and Address of New Registered Agent
Name: **Susanne O'Mara**
St: **628 Ferretti Ave**
Fort. Walton Be FL 32547

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: *Susanne O'Mara*

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 NAME O'MARA, SUSANNE STREET ADDRESS 5265 ALL OAKS COURT CITY-ST-ZIP JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition NAME 628 Ferretia Ave STREET ADDRESS Ft. Walton Beach FL 32547 CITY-ST-ZIP	
TITLE P NAME O'MARA, ROBERT STREET ADDRESS 5265 ALL OAKS CT. CITY-ST-ZIP JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete	TITLE VP NAME Laverdy, Mary STREET ADDRESS 3508 Navarra Dr # 424 CITY-ST-ZIP CARLSBAD, CA 92009	<input checked="" 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 secretary 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 attachments with an address, with all corrections supplied.

SIGNATURE: *Mary Laverdy* 4/24/03 800 5913153

11021792



CHECK HERE IF MAKING CHANGES

04/28/03 10:02