2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # P93000063694

1. Entity Name
HR LOGIC OF AMERICA, INC.

FILED
00 APR 25 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business
43RD STREET WEST
FL 34209

Mailing Address
402 43RD STREET WEST
BRADENTON FL 34209-2952

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
2621 VAN BUREN AVE.
Suite, Apt. #, etc.
City & State: NORRISTOWN PA
Zip: 19403
Country: USA

4. FEI Number: 65-0649506
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
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
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, 2000 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

see attached

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE PRESIDENT & CEO / DIRECTOR ☐ Change ☒ Add
NAME CRAIG P. COY
STREET ADDRESS 2621 VAN BUREN AVE
CITY-ST-ZIP NORRISTOWN PA 19403

TITLE EXEC. V.P / DIRECTOR ☐ Change ☒ Add
NAME AVEN A. KERR
STREET ADDRESS 2621 VAN BUREN AVE
CITY-ST-ZIP NORRISTOWN PA 19403

TITLE SECRETARY / DIRECTOR ☐ Change ☒ Add
NAME CHRISTINA D. HARRIS
STREET ADDRESS 2621 VAN BUREN AVE
CITY-ST-ZIP NORRISTOWN PA 19403

TITLE TREASURER / DIRECTOR ☐ Change ☒ Add
NAME EDWIN A. NEUMANN
STREET ADDRESS 2621 VAN BUREN AVE
CITY-ST-ZIP NORRISTOWN PA 19403

LS

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****150.00 ****150.00

I hereby 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 of the Florida Statutes; and that my name appears in Block 11 or Block 12 or is changed or added in an attachment with the proper title.

SIGNATURE: EDWIN A. NEUMANN 4/5/2000 610-650-4813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR