

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90153 023 \*\*\*150.00

DOCUMENT # **P97000003019**



1. Entity Name  
**HUMAN RESOURCES UNLIMITED, INC.**

Principal Place of Business  
**112 CYPRESS PT DR.  
WEST PALM BEACH FL 33418  
US**

Mailing Address  
**PO BOX 32505  
PALM BEACH GARDENS FL 33420**

2. Principal Place of Business

3. Mailing Address  
**1000 DEL LAGO Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**102**

City & State

City & State  
**PALM BEACH GARDENS**

Zip

Country

Zip  
**33410**

Country

**USA**

4. FEI Number **65-0754047**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WINIG, STEVEN L  
1601 FORUM PLACE  
SUITE 404  
W PALM BEACH FL 33401**

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ZIMMERMAN, EVAN</b>
STREET ADDRESS	<b>2504 MAHOGANY PLACE</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *EVAN ZIMMERMAN* **EVAN ZIMMERMAN** 3-15-03 561 799 2995  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)