2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088657 Jun 05, 2000 8:00 am **Secretary of State** HIREAUTHORITY.COM, INC. 06-05-2000 90006 007 ***150.00 Mailing Address Principal Place of Business 311 ALSTON DRIVE 311 ALSTON DRIVE ORLANDO FL 32835-6027 ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address 5984 Morningstar Circle 5884 Morningstar Circle Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Svite 306 Suite 306 City & State City & State 4. FEI Number Applied For Delray Beach, 59-3608<u>16</u> Not Applicable Delray Country \$8.75 Additional 5. Certificate of Status Desired Palm Beach 33484 Heach Palm Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent QUINN, CAROL -Street Address (P.O. Box Number is Not Acceptable) 311 ALSTON DRIVE ORLANDO FL 32835 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change □ Delete TITLE TITLE Quinn, Carol QUINN, CAROL NAME 5884 Morningstar Circle, #300 } Address STREET ADDRESS 311 ALSTON DRIVE STREET ADDRESS Destray Beach, FL 33484 ORLANDO FL 32835 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: