

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088657

1. Entity Name  
HIREAUTHORITY.COM, INC.

Principal Place of Business  
5884 MORNINGSTAR CIRCLE  
STE 306  
DELRAY BEACH FL 33484

Mailing Address  
5884 MORNINGSTAR CIRCLE  
STE 306  
DELRAY BEACH FL 33484

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3608169

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUINN, CAROL  
311 ALSTON DRIVE  
ORLANDO FL 32835

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

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.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**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  
D QUINN, CAROL  
STREET ADDRESS  
5884 MORNINGSTAR CIRCLE  
CITY-ST-ZIP  
DELRAY BEACH FL 33484

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
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☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*Carol Quinn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01

561-638-0313

Date

Daytime Phone #

07-10-2001 20124008\*\*\*130.00  
P99000088657

01 AUG 23 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)