

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90037 028 ***150.00

DOCUMENT # F01000000177
1. Entity Name
INFORMATION RECRUITING SERVICES, INCORPORATED

Principal Place of Business **Mailing Address**
2761 CHADDSFORD CIRCLE #201 **2761 CHADDSFORD CIRCLE #201**
OVIEDO FL 32765 **OVIEDO FL 32765**

2. Principal Place of Business **3. Mailing Address**
815 EYRIE DRIVE **815 EYRIE DRIVE**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
4 **# 4**
City & State **City & State**
OVIEDO, FL **OVIEDO, FL**
Zip **Country** **Zip** **Country**
32765 **USA** **32765** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-4406724** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

STEINFELD, GLEN
2761 CHADDSFORD CIRCLE #201
OVIEDO FL 32765

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 *[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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	STEINFELD, GLEN	
STREET ADDRESS	2761 CHADDSFORD CIRCLE #201	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	BONHAM, DONNA	
STREET ADDRESS	2761 CHADDSFORD CIRCLE #201	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KOLE, GREGORY	
STREET ADDRESS	1705 LORENA LANE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WINTER, RANDY	
STREET ADDRESS	2761 CHADDSFORD CIRCLE #201	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINFELD, DONNA BONHAM
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	370 LAKEVIEW STREET
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-18-02 **407-977-4333**
Date **Daytime Phone #**

CR2E034 (9/01)