

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90204 045 \*\*\*150.00

DOCUMENT # F01000000177

1. Entity Name  
INFORMATION RECRUITING SERVICES, INCORPORATED



Principal Place of Business  
815 EYRIE DRIVE 1256 SCANDIA TERRACE  
OVIEDO FL 32765

Mailing Address  
815 EYRIE DRIVE 5703 Red Bug Lake Rd  
#276  
OVIEDO FL 32765 WINTER SPRINGS, FL  
32708

2. Principal Place of Business  
1256 SCANDIA TERRACE

3. Mailing Address  
5703 RED BUG LAKE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#276

City & State  
OVIEDO, FL.

City & State  
WINTER SPRINGS, FL.

Zip  
32765

Country  
USA

Zip  
32708

Country  
USA



☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

STEINFELD, GLEN  
2761 CHADDSFORD CIRCLE #201  
OVIEDO FL 32765

Name  
GLEN D. STEINFELD  
Street Address (P.O. Box Number is Not Acceptable)  
5703 RED BUG LAKE RD. #276  
City WINTER SPRINGS FL Zip Code 32708

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 Glen D. Steinfeld DATE 1-06-2003

Signature, typed or printed name of registered agent and title if applicable.

(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  
NAME DP  
STREET ADDRESS STEINFELD, GLEN  
CITY-ST-ZIP 2761 CHADDSFORD CIRCLE #201  
OVIEDO FL 32765 ☐ Delete

TITLE  
NAME PRESIDENT-DIRECTOR  
STREET ADDRESS Glen D. Steinfeld  
CITY-ST-ZIP 5703 Red Bug Lake Rd. #276  
WINTER SPRINGS, FL. 32708 ☒ Change ☐ Addition

TITLE  
NAME D  
STREET ADDRESS STEINFELD, DONNA BONHAM  
CITY-ST-ZIP 2761 CHADDSFORD CIRCLE #201  
OVIEDO FL 32765 ☐ Delete

TITLE  
NAME SECRETARY-DIRECTOR  
STREET ADDRESS Donna Bonham Steinfeld  
CITY-ST-ZIP 5703 Red Bug Lake Rd. #276  
WINTER SPRINGS, FL. 32708 ☒ Change ☐ Addition

TITLE  
NAME SD  
STREET ADDRESS KOLE, GREGORY  
CITY-ST-ZIP 370 LAKEVIEW STREET  
ORLANDO FL 32804 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 other like empowered.

SIGNATURE: Glen D. Steinfeld  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2003  
Date

407-977-4333  
Daytime Phone #

CR2E034 (10/02)