## 2000 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empowered.

SIGNATURE:

## DOCUMENT # **F93000003040** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name G.N. BROOKS PERSONNEL CORP. 04-25-2000 90048 036 \*\*\*150.00 Mailing Address Principal Place of Business 175 N. MILITARY TR. 175 N. MILITARY TR. W. PALM BCH. FL 33415-2108 W. PALM 8CH. FL 33415 LIS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-2776166 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FEIN, LOUIS Street Address (P.O. Box Number is Not Acceptable) 16825 CHARTLEY CT. DELRAY BCH. FL 33484 Zip Code City ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **CPS** ☐ Addition ☐ Delete TITLE TITLE FEIN. LOUIS NAME NAME 16825 CHARLEY CT. STREET ADDRESS STREET ADDRESS DELRAY BCH. FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE FEIN, CAROL NAME NAME 16825 CHARTLEY CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DELRAY BCH. FL ☐ Change Addition ☐ Delete TITLE 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-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received 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