

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001526

1. Entity Name
HIRELOGIC, INC.

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90202 043 ***550.00

Principal Place of Business Mailing Address
9600 WEST SAMPLE ROAD, SUITE 404 9600 WEST SAMPLE ROAD, SUITE 404
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065

C0074708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
602 B Rutledge Ave P.O. Box 22528
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Charleston SC Charleston SC
Zip Country Zip Country
29403 US 29413 US

4. FEI Number 65-0782584 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERMANNS, RICHARD F
9600 WEST SAMPLE ROAD, SUITE 404
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name Mike McNamara
Street Address (P.O. Box Number is Not Acceptable) 9600 West Sample Rd
Suite 404
City Coral Springs FL Zip Code 33065

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 Mike McNamara 3-20-01
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

TITLE	CVST	<input type="checkbox"/> Delete
NAME	HERMANNS, RICHARD F	
STREET ADDRESS	9600 WEST SAMPLE ROAD, SUITE 404	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOSCIA, LOUIS	
STREET ADDRESS	9600 WEST SAMPLE ROAD, SUITE 404	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, SAMUEL D	
STREET ADDRESS	9600 W SAMPLE RD 404	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	DAY, JAMES R	
STREET ADDRESS	9600 W SAMPLE RD 404	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

Daytime Phone #

0131477

CR2E034 (10/00)

Attachment DOC # F98000001526 - C0074708



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 21, 2001

HIRELOGIC, INC.
P.O. BOX 22528
CHARLESTON, SC 29413

SUBJECT: HIRELOGIC, INC.
Ref. Number: F98000001526

We have received your document for HIRELOGIC, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

The signature(s) on the report must be original and in ink. A photocopy or stamped signature is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Kathy Ashton
Document Specialist

Letter Number: 601A00037793