

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G20856

1. Entity Name

LABOR FORCE OF ORLANDO, INC.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90006 011 ***150.00

Principal Place of Business

Mailing Address

1617 N. FEDERAL HWY
P.O. BOX 1380
LAKE WORTH FL 33460

1617 N. FEDERAL HWY
P.O. BOX 1380
LAKE WORTH FL 33460-1380

00044200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2280760**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VONDRAK, RICHARD B
135 ABAL ISLAND DR
OCEAN RIDGE FL 33435
*2580 SO. OCEAN BLVD
PALM BEACH
FL 33480*

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D SADLER, JAMES N. 1537 E. HILLSBORO, BL DEERFIELD BEACH FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3900 N. OCEAN DR 4-A LAUDERDALE by the SEA FL 33308
<input type="checkbox"/> Delete	PD VONDRAK, RICHARD B. 13 SABAL ISLAND DRIVE OCEAN RIDGE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2580 SO. OCEAN BLVD PALM BEACH FL 33480
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/00

561-5888883

Date

Daytime Phone #

CR 11 014 (1/98)