

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90007 044 ***150.00

80084628

DO NOT WRITE IN THIS SPACE

DOCUMENT # G30209

1. Entity Name
 FLORAPERSONNEL, INC.

Principal Place of Business
 1740 Lake Markham
 Sanford
 Longwood, FL 32271

Mailing Address
 c/o LeBoeuf, Lamb, Greene & MacRae
 50 N. Laura Street, Suite 2800
 Jacksonville, FL 32202-3656

2. Principal Place of Business
 1740 Lake Markham Road
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Sanford, Florida

City & State

Zip 32771 **Country** USA

Zip **Country**

4. FEI Number
 59-2278979

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 Zahra, Robert F.
 1740 Lake Markham Road
 Sanford, FL 32771

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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE DP	<input type="checkbox"/> Delete
NAME Zahra, Robert Fokes	
STREET ADDRESS 733 Riverbend Blvd.	
CITY-ST-ZIP Longwood, FL	
TITLE ST	<input type="checkbox"/> Delete
NAME Zahra, Ashley Manning	
STREET ADDRESS 733 Riverbend Blvd.	
CITY-ST-ZIP Longwood, FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Devine, Judith K.	
STREET ADDRESS 1740 Lake Markham Road	
CITY-ST-ZIP Sanford, FL 32771	
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
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: *Judith K. Devine* Judith K. Devine *4/18/00* (407) 682-5151
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)