

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90083 028 ***150.00

DOCUMENT # K91256

1. Entity Name
MANAGEMENT RECRUITERS OF TAMPA-NORTH, INC.



Principal Place of Business
**4012 GUNN HWY
SUITE 140
TAMPA FL 33624**

Mailing Address
**4012 GUNN HWY
SUITE 140
TAMPA FL 33624**



2. Principal Place of Business

8517 Gunn Highway
Suite, Apt. #, etc.

3. Mailing Address

8517 Gunn Highway
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Odessa FL

City & State

Odessa FL

4. FEI Number

59-2943673

Applied For

Not Applicable

Zip

33556

Country

USA

Zip

33556

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KING, GARY/MANAGEMENT
4012 GUNN HWY SUITE 140
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name

Gary King

Street Address (P.O. Box Number is Not Acceptable)

8517 Gunn Highway

City

Odessa

FL

Zip Code

33556

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/03

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KING, GARY A.	
STREET ADDRESS	4012 GUNN HWY #140	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8517 Gunn Highway	
CITY-ST-ZIP	Odessa, FL 33556	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03

Date

Printing Name

CR2E034 (10/02)