

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90184 044 ***150.00

DOCUMENT # L37446

1. Entity Name

STONICK RECRUITMENT, INC.

Principal Place of Business

10160 GROVE LANE
COOPER CITY FL 33328
US

Mailing Address

10160 GROVE LANE
COOPER CITY FL 33328-4002
US

2. Principal Place of Business

2504 Hunters Run Way
Suite, Apt. #, etc.

3. Mailing Address

2504 Hunters Run Way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Weston, FL

City & State
Weston, FL

4. FEI Number 65-0170484

Applied For
Not Applicable

Zip
33327

Country
USA

Zip
33327

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STONICK, CHRIS
10160 GROVE LANE
COOPER CITY FL 33328

7. Name and Address of New Registered Agent

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

2504 Hunters Run Way
City Weston, FL Zip 33327

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 Chris Stonick - Pres/D/V
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/21/00
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

TITLE	PS	<input type="checkbox"/> Delete
NAME	STONICK, CHRIS	
STREET ADDRESS	10160 GROVE LANE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STONICK, CHRIS	
STREET ADDRESS	10160 GROVE LANE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STONICK, CHRIS	
STREET ADDRESS	10160 GROVE LANE	
CITY-ST-ZIP	COOPER CITY 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	Chris Stonick	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	2504 Hunters Run Way	
STREET ADDRESS	Weston, FL 33327	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 Chris Stonick 1/21/00 954-217-0668
Date Daytime Phone #