2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90477 006 ***150.00

DOCUMENT # L38307

1. Entity Name
MANAGEMENT RECRUITERS OF SEMINOLE, INC.

Principal Place of Business	Mailing Address
4020 PARK STREET SUITE 203 ST. PETERSBURG FL 33709	4020 PARK STREET SUITE 203 ST. PETERSBURG FL 33709

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
14865 SEMINOLE TRL.	14865 SEMINOLE TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEMINOLE FL.	City & State: SEMINOLE FL.
Zip: 33776 Country: PINELLAS	Zip: 33776 Country: PINELLAS

4. FEI Number 59-2977684 ☐ Applied For ☐ Not Applicable

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
HAND, REBECCA J. 4020 PARK STREET, NORTH SUITE 203 ST. PETERSBURG FL 33709	Name: HAND, REBECCA J. Street Address (P.O. Box Number is Not Acceptable): 14865 SEMINOLE TRAIL City: SEMINOLE FL Zip Code: 33776

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HAND, REBECCA J. 14865 SEMINOLE TRL SEMINOLE FL 33776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS HAND, DONALD S. 14865 SEMINOLE TRL SEMINOLE FL 33776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAND, DONALD S. 14865 SEMINOLE TRL SEMINOLE FL 33776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Donald S. Hand SECRETARY 04-18-03 727-595-0528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #