

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91571 006 ***150.00

DOCUMENT # P00000002608

1. Entity Name
 Key Recruiters, Inc

Principal Place of Business
 9076 Midnight Pass Rd
 Siesta Key, FL
 34242

Mailing Address
 9076 Midnight Pass Rd
 Siesta Key, FL
 34242

2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State
 Zip Country

City & State
 Zip Country

4. FEI Number
 65-0991151

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Russell Hoffman
 9076 Midnight Pass Road
 Siesta Key FL 34242

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

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. May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	Delete
NAME	Russell Hoffman	
STREET ADDRESS	9076 Midnight Pass Road	
CITY - ST - ZIP	Siesta Key FL 34242	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

CR2E034 (9/99)

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

Date

Daytime Phone #

2 21 01 941 926 7608