

# 2002 UNIFORM BUSINESS REPORT (UBR)

*Amended*

109-09-2002, 90007 018 \*\*\*\*61.25  
P0000020317

DOCUMENT # P0000020317

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
HEADHUNT.CC, INC.

Principal Place of Business Mailing Address  
1025 S SEMORAN BLVD 1025 S SEMORAN BLVD  
SUITE 1093 BUILDING 1 SUITE 1093 BUILDING 1  
WINTER PARK FL 32792 WINTER PARK FL 32792

2. Principal Place of Business 3. Mailing Address  
*1265 S. SEMORAN Blvd* *1265 S. SEMORAN Blvd.*

Suite, Apt. #, etc. Suite, Apt. #, etc.  
*Suite 1243* *Suite 1243*  
City & State City & State  
*WINTER PARK, FL* *WINTER PARK, FL*  
Zip Zip  
*32792* *32792*  
Country Country  
*US* *US*

4. FEI Number 59-3632685 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FERRELL, JAMES W  
1400 W. FAIRBANKS AVE., STE. 102  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent  
Name *CHRISTIAN SIEG*  
Street Address (P.O. Box Number is Not Acceptable) *1265 S. SEMORAN Blvd*  
*Suite 1243*  
City *WINTER PARK* FL Zip Code *32792*

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]* DATE *9-4-02*  
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.  FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME FERRELL, JAMES W STREET ADDRESS 1400 W FAIRBANKS AVE STE 102 CITY-ST-ZIP WINTER PARK FL 32789	TITLE <i>CHAIRMAN</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <i>JAMES W FERRELL</i> STREET ADDRESS <i>1400 W. FAIRBANKS AVE. STE 102</i> CITY-ST-ZIP <i>WINTER PARK, FL 32789</i>
TITLE C <input checked="" type="checkbox"/> Delete	NAME LANPHER, LAWRENCE STREET ADDRESS 1119 TROTWOOD BLVD CITY-ST-ZIP WINTER SPRINGS FL 32708	TITLE <i>PRESIDENT</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <i>LAWRENCE LANPHER</i> STREET ADDRESS <i>1200 Via Salerno</i> CITY-ST-ZIP <i>WINTER PARK FL 32789</i>
TITLE VP <input type="checkbox"/> Delete	NAME SIEG, CHRISTIAN-M STREET ADDRESS 8863 GLYBORNE COURT CITY-ST-ZIP ORLANDO FL 32825	TITLE <i>SECRETARY / TREASURER</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <i>SIEG, CHRISTIAN-M</i> STREET ADDRESS <i>8863 Glyborne Ct.</i> CITY-ST-ZIP <i>ORLANDO, FL 32825</i>
TITLE VP <input type="checkbox"/> Delete	NAME MITCHELL, JAMES STREET ADDRESS 740 HARDWOOD CIRCLE CITY-ST-ZIP ORLANDO FL 32828		
TITLE VP <input type="checkbox"/> Delete	NAME LOFGREN, PETER J STREET ADDRESS 8320 HELENA DRIVE CITY-ST-ZIP ORLANDO FL 32817	TITLE <i>VP PRESIDENT</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <i>LOFGREN, PETER J</i> STREET ADDRESS <i>1119 TROTWOOD Blvd.</i> CITY-ST-ZIP <i>WINTER SPRINGS, FL 32708</i>
TITLE S <input checked="" type="checkbox"/> Delete	NAME WINTER, RANDY A STREET ADDRESS 3902 GREENVIEW PINES CITY-ST-ZIP ORLANDO FL 32817		

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]* DATE *1/23/02* *407-379-1003*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: *[Signature]* *CHRISTIAN SIEG*