

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90055 043 \*\*\*150.00

**DOCUMENT # P0000005554Q**

1. Entity Name

**MANAGEMENT RECRUITERS OF MONTICELLO, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**12156-A NORTH JEFFERSON ST  
MONTICELLO FL 32344**

Mailing Address

**12156-A NORTH JEFFERSON ST  
MONTICELLO FL 32344**

2. Principal Place of Business

**1215 NORTH JEFFERSON ST. 1215 NORTH JEFFERSON ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**MONTICELLO, FLORIDA MONTICELLO, FLORIDA**

Zip

Country

**32344 U.S.**

Zip

Country

**32344 U.S.**

4. FEI Number

**59-3662330**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SOREY, HILMON S JR  
409 MERCURY DRIVE  
TALLAHASSEE FL 32310**

7. Name and Address of New Registered Agent

Name

**HILMON S. SOREY, JR.**

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

**1215 NORTH JEFFERSON ST.**

City

**MONTICELLO**

FL

Zip Code

**32344**

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	<b>SOREY, HILMON S JR</b>	
STREET ADDRESS	<b>12156-A NORTH JEFFERSON ST</b>	
CITY-ST-ZIP	<b>MONTICELLO FL 32344</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SOREY, MARTHA B</b>	
STREET ADDRESS	<b>12156-A NORTH JEFFERSON ST</b>	
CITY-ST-ZIP	<b>MONTICELLO FL 32344</b>	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOREY, HILMON S. JR.</b>	
STREET ADDRESS	<b>1215 NORTH JEFFERSON ST.</b>	
CITY-ST-ZIP	<b>MONTICELLO, FL 32344</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOREY, MARTHA B.</b>	
STREET ADDRESS	<b>1215 NORTH JEFFERSON ST.</b>	
CITY-ST-ZIP	<b>MONTICELLO, FL 32344</b>	
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		

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:

**Hilmon S. Soresy, Jr. HILMON S. SOREY, JR.**

Date

**4/24/01 850-997-0755**

Daytime Phone #

CR2E034 (10/00)