

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000103203**

1. Entity Name

CONTEMPORARY HUMAN RESOURCES, INC.**FILED****Mar 08, 2001 8:00 am**
Secretary of State

03-08-2001 90084 018 ***158.75

Principal Place of Business

2229 KING RICHARDS CT
WINTER PARK FL 32792-2222

Mailing Address

2229 KING RICHARDS CT
WINTER PARK FL 32792-2222

2. Principal Place of Business

3. Mailing Address

PO Box 4986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER PARK, FL

4. EFL Number

59-3679699

Applied For

Not Applicable

Zip

Country

Zip

Country

32793-49865. 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

NEWELL, JOHN
2229 KING RICHARDS CT
WINTER PARK FL 32792-2222

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	P/S/D				
	John NEWELL				
	2229 King Richards Ct				
	Winter Park, FL 32792-2222				

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:

John A. Newell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-2-01**
Date**407-657-893**
Daytime Phone #

CR2E034 (10/00)