

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103443

1. Entity Name

HEWITTS SYS RECRUITERS, INC.

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90012 006 ***150.00

Principal Place of Business
14 E WASHINGTON ST. STE 600
ORLANDO FL 32801

Mailing Address
14 E WASHINGTON ST. STE 600
ORLANDO FL 32801

2. Principal Place of Business

566 Zachary Dr
Suite, Apt. #, etc.

3. Mailing Address

566 Zachary Dr.
Suite, Apt. #, etc.

City & State
Apopka, FL
Zip 32712 Country USA

City & State
Apopka, FL
Zip 32712 Country USA

4. FEI Number

59-3682657

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

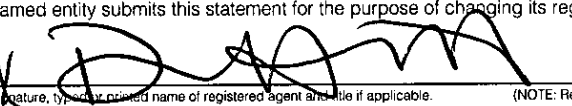
6. Name and Address of Current Registered Agent

ALLEN, THOMAS R
14 E WASHINGTON ST, STE 600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Diane Hewitt
Street Address (P.O. Box Number is Not Acceptable)
566 Zachary Dr
City Apopka FL Zip 32712

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, type, 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	D	<input type="checkbox"/> Delete
NAME	HEWITT, DIANNE BERYL	
STREET ADDRESS	566 ZACHARY DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEWITT SAPP, MARLENE	
STREET ADDRESS	5905 SUNDERLAND DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEWITT, SHARON	
STREET ADDRESS	27403 CORAL SPRINGS DR	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
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		<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
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01 407-464-1943
Daytime Phone #

CR2E034 (10/00)