FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90208 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80107218

DOCUMENT # P00000104465

1. Entity Name
B&N RECRUITING SPECIALISTS, INC.

Principal Place of Business
~~P.O.BOX 1784~~
~~VALRICO, FL 33594~~

Mailing Address
~~P.O.BOX 1784~~
~~VALRICO, FL 33594~~

[ ] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1730 OaKwood CT	1730 OaKwood CT
Suite, Apt. #, etc.	Suite, Apt. #, etc. "Lutz"
City & State: Lutz, Florida	City & State: Lutz, Fl
Zip: 33558 Country: Pasco	Zip: 33558 Country: Pasco

4. FEI Number 59-3683011 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WALKER, NANCY
P O BOX 1784
3411 PALM BEACH DR
VALRICO, FL 33594

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILING FEE IS $150.00
After 5/1/03 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WALKER, NANCY P.O.BOX 1784 VALRICO, FL 33594	[ ] Delete		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WALKER, ~~BETTY~~ Bettie 1730 OAKWOOD CT LUTZ, FL 33549	[ ] Delete	Sarah M. Walker 1730 OaKwood Ct Lutz, FL 33558	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete		[ ] Change [ ] Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sarah M. Walker 4-25-03 813-920-1909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #