

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90090 015 ***150.00

DOCUMENT # P00000105492

1. Entity Name

THE HIRING COMPANY

Principal Place of Business

**20240 SW 51ST COURT
 FT LAUDERDALE FL 33332**

Mailing Address

**20240 SW 51ST COURT
 FT LAUDERDALE FL 33332**

360736



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12555 ORANGE DRIVE

3. Mailing Address

12555 ORANGE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 227

SUITE 227

City & State

DAVIE FLORIDA

City & State

DAVIE FLORIDA

4. FEI Number

65-1076124

Applied For

Not Applicable

Zip

33330

Country

USA

Zip

33330

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WEST, MELINDA
 1926 SW 94 AVE
 MIRAMAR FL 33025**

Name

MELINDA WEST

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

11805 ACORN DRIVE

DAVIE FLORIDA

City

DAVIE

FL

Zip Code

33330

7. Name and Address of New Registered Agent

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, MELINDA	
STREET ADDRESS	1926 SW 94 AVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	STATHAM, TRACEY	
STREET ADDRESS	20240 SW 51ST COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33332	
TITLE		<input checked="" 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, MELINDA	
STREET ADDRESS	11805 ACORN DRIVE	
CITY-ST-ZIP	DAVIE FLORIDA 33330	
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		
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

4/25/02 954-680-0545

Date

Daytime Phone #

CR2E034 (9/01)