

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 17, 2003 8:00 am
Secretary of State

06-17-2003 90025 020 ***550.00

DOCUMENT # P00000114984

1. Entity Name

HOSPITALITY EMPLOYMENT GROUP, INC.



Principal Place of Business
1200 N. CENTRAL AVE. STE. 110
KISSIMEE FL 34743

Mailing Address
2033 MAIN STREET. STE. 310
SARASOTA FL 34237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1060561**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LE BLANC, MARIE A
36 S WASHINGTON DR
SARASOTA FL 34236

Name

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

7227 SWITCH GRASS TRAIL

City

BRADENTON

FL

Zip Code

34202

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **LEBLANC, MARIE A**
CITY-ST-ZIP **36 S. WASHINGTON DR.**
SARASOTA FL 34236

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7227 SWITCH GRASS TRAIL**
CITY-ST-ZIP **BRADENTON, FL 34202**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LE BLANC, CARL G**
CITY-ST-ZIP **2212 SHADOW LAKES DR**
SARASOTA FL 34238

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5293 ASHLEY PKWY**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARIE ANNE LEBLANC 6/16/03 941-994-5263

CR2E034 (10/02)