

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90699 015 ***150.00

DOCUMENT # *P01 0000 51489*

1. Entity Name
JBR Human Resource Consulting Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>9702 NW 46 Manor</i>		3. Mailing Address <i>9702 NW 46 Manor</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Coral Springs, Florida</i>	City & State <i>Coral Springs, FL</i>	4. FEI Number <i>36-4443389</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33076</i>	Country <i>USA</i>	Zip <i>33076</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <i>Jack S. Greenblott</i>	
	Street Address (P.O. Box Number is Not Acceptable) <i>9702 NW 46 Manor</i>	
	City <i>Coral Springs,</i>	FL Zip Code <i>33076</i>

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: _____ (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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <i>President</i>	NAME <i>Jack S. Greenblott</i>	TITLE	
STREET ADDRESS <i>9702 NW 46 Manor</i>		STREET ADDRESS	
CITY-ST-ZIP <i>Coral Springs, FL 33076</i>		CITY-ST-ZIP	
TITLE <i>Vice President</i>	NAME <i>Brynn F. Greenblott</i>	TITLE	
STREET ADDRESS <i>9702 NW 46 Manor</i>		STREET ADDRESS	
CITY-ST-ZIP <i>Coral Springs, FL 33076</i>		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack S. Greenblott* **Jack S. Greenblott** *4/29/04* *954-757-6868*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)