## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

CAPE CORAL FL 33990

305 SE 6 ST

## P01000094020 **DOCUMENT #**

1. Entity Name

305 SE 6 ST

Principal Place of Business

CAPE CORAL FL 33990

THE PROFESSIONAL RECRUITING CENTER, INC.



**FILED** Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90118 034 \*\*\*150.00

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Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Countr										
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Zip Country Zip Country 5. Certificate of Status Desired	Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
Country	City & State			City & State			PEI Number 01-0563465		<del></del>	
Name and Address of Current Registered Agent	Zip	Country	Zip	_	Country				Additional	
Name	6. Name and Address of Current Registered Agent									
Addition S (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	,					Name				
CAPE CORAL FL 33990  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   Signature   Signature   Signature speaked agent and this 4 applicable.   (NOTE Registered Agent agenature requised when revisating)   DUIT    FILE NOW!!! FEE IS \$150.00   After May 1, 2003 Fee will be \$550.00   Make Cheek Rayable to Florida Department of State    10.	•					Street Address (P.O. Box Number is Not Acceptable)				
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8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Froida. I am familiar with, and accept the obligations of registered agent.    Signature from the purpose of changing its registered agent, or both, in the State of Froida. I am familiar with, and accept the obligations of registered agent.	CAPE CO	RAL FL 33990			ļ					
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SIGNATURE   Signature, treated contributed name of registered agent and field a specicable   (NOTE Registered Agent signature required when virtualizing)	8. The above	named entity submits this staten	ent for the purp	ose of changing its	registered office or	registered ag	ent, or both, in the State of Florida.	I am familiar w	ith, and accept	
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Atter May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution.  TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME NAME STRE	SIGNATURE .					<u> </u>				
After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS		Signature, typed or printed name of registere	d agent and title if app	olicable. (NOTE	: Registered Agent signat	ure required when re	einstating)	DATE		
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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:

239513-7228