

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90082 018 ***150.00

DOCUMENT # P02000046814

1. Entity Name
HARMONIC STAFFING, INC.



Principal Place of Business
**713 GULF BLVD.
INDIAN ROCKS BEACH FL 33785**

Mailing Address
**713 GULF BLVD.
INDIAN ROCKS BEACH FL 33785**



2. Principal Place of Business

3. Mailing Address

2840 WEST BAY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

259

City & State

City & State

Belleair Bluffs, FL

Zip

Country

Zip

Country

33770

US

4. FEI Number

01-0736645

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

**LOPEZ, IVAN
713 GULF BLVD.
INDIAN ROCKS BEACH FL 33785**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D LOPEZ, IVAN
713 GULF BLVD.
INDIAN ROCKS BEACH FL 33785**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D SMITH, JEREMY
713 GULF BLVD.
INDIAN ROCKS BEACH FL 33785**

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NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-03

813-727-4130

Date

Daytime Phone

CR2E034 (10/02)