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

## P02000049251 **DOCUMENT #**



## FILED Mar 17, 2003 8:00 am Secretary of State

1. Entity Name HUNTER TECHNICAL STAFFING, INC.							03-17-2003 90069 010 ***150.00			
Principal Pla 7827 BAHAM PORT RICHE			7827 B	Mailing Address 7827 BAHAMA AVE PORT RICHEY FL 34668						
2. Principal	Place of Busine	988	3. Maili	3. Mailing Address						
Suite, Ap	t. #, etc.	····	Suite	Suite, Apt. #, etc.			CHECK HERE IF	MAKING CHANGES		
City & State			City 8	City & State			FEI Number 75-305 3397	<del></del>	pplied For ot Applicable	
Zip Country			Zip	Zip Country		5. (	5. Certificate of Status Desired See Required Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
					Name					
STILES, MICHAEL 7827 BAHAMA AVE					Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
PORT RICHEY FL 34668										
					City	. ,		FL Zip Cod	le	
8. The above the obliga	e named entity ations of register	submits this statemer red agent.	nt for the purpo	se of changing its	registered office or reg	gistered age	ent, or both, in the State of Florid		and accept	
SIGNATURE	Signature, typed or	printed name of registered a	gent and title if applic	able. (NOT	E: Registered Agent signature re	aguired when re	instating)	DATE		
	<del> </del>		i					POIL		
Afte	er May 1, 2003	FEE IS \$150.00 Fee will be \$550. Florida Departmen				1	<ol><li>Election Campaign Finan- Trust Fund Contribution.</li></ol>	· ,_ +0.0	May Be to Fees	
10.		OFFICERS A	ND DIRECTOR	s	11.	AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S INI 11	
TITLE	PSTD	· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE		BITTO TO OFFICE	☐ Change	Addition	
NAME	STILES, MIC				NAME					
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CITY-ST-ZIP	FORT RICHE	- 1 FL 34000			CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,	<u> </u>		
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NAME STREET ADDRESS					NAME				1	
CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP					
	certify that the ir	nformation supplied v	vith this filing do	nes not qualify for		n Section 1	19.07(3)(i), Florida Statutes, I fur	Non- a makifi sala as ala a in		

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 of the rike empowered.

**SIGNATURE** 

727-841-8241