

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State
07-31-2003 90070 012 ***150.00

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AV

DOCUMENT # P02000051772

1. Entity Name
HRSOURCE, INC.



Principal Place of Business
25181 BAY CEDAR DRIVE
BONITA SPRINGS FL 34134

Mailing Address
25181 BAY CEDAR DRIVE
BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLYNN, TERRY L
9240 BONITA BEACH ROAD
3309
BONITA SPRINGS FL 34135

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BRAENDLE, DEBORAH M
25181 BAY CEDAR DRIVE
BONITA SPRINGS FL 34134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

Deborah M. Braendle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
80134938
PO2 000051772

HRSOURCE, Inc.
25181 Bay Cedar Drive
Bonita Springs, FL 34134
239-947-4363
239-273-0095 (cell)
239-947-2669 (fax)

July 28, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed is my executed Uniform Business Report. This was the first notice I had received regarding this report, and therefore, I am requesting a waiver of the penalty.

Also enclosed is my check in the amount of \$150.00, which is the original filing fee.

Thank you,

Very truly yours,



Deborah M. Braendle
President