

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90109 025 ***150.00

DOCUMENT # P94000000851

1. Entity Name
BETTER PERSONNEL MGMT. INC.



Principal Place of Business 499 E SHERIDAN STREET SUITE 202 DANIA FL 33004 US	Mailing Address 499 E SHERIDAN STREET SUITE 202 DANIA FL 33004 US
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2. Principal Place of Business 499 E. SHERIDAN ST. Suite, Apt. #, etc. SUITE 319 City & State DANIA BEACH FL. Zip 33004 Country USA	3. Mailing Address 499 E. SHERIDAN ST. Suite, Apt. #, etc. SUITE 319 City & State DANIA BEACH FL Zip 33004 Country USA
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0456928** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GAUTHIER, DENIS
499 E SHERIDAN ST. #202
DANIA FL 33004**

7. Name and Address of New Registered Agent
Name **GAUTHIER DENIS**
Street Address (P.O. Box Number is Not Acceptable)
**499 E. SHERIDAN ST. SUITE 319
City DANIA BEACH FL Zip Code 33004**

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 *Denis Gauthier* (NOTE: Registered Agent signature required when reinstating) DATE **1-29-03**

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 D	NAME GAUTHIER, DENIS	<input type="checkbox"/> Delete
STREET ADDRESS 499 E. SHERIDAN STREET STE. 202		
CITY-ST-ZIP DANIA FL 33004		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.	NAME GAUTHIER, DENIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 499 E. SHERIDAN ST. SUITE 319		
CITY-ST-ZIP DANIA BEACH FL 33004		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Denis Gauthier* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **1-29-03** 954-925-0435 Daytime Phone #

CR2E034 (10/02)