

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080575

1. Entity Name

MANAGEMENT RECRUITERS OF ST. PETERSBURG, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90007 021 ***150.00

Principal Place of Business

9500 KOGER BLVD STE 203
ST PETERSBURG FL 33702

Mailing Address

9500 KOGER BLVD STE 203
ST PETERSBURG FL 33702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3347707**

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

RAFFIN, ROBERT P
9500 KOGER BLVD STE 203
ST PETERSBURG FL 33702

Name **Philip B. Petrillo**

Street Address (P.O. Box Number is Not Acceptable)

9500 Koger Blvd Suite 203

City **St. Petersburg**

FL

Zip Code
33702

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.

SIGNATURE **Philip B. Petrillo, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAFFIN, ROBERT P	
STREET ADDRESS	1051 LIVE OAK AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip B. Petrillo;	
STREET ADDRESS	425 22nd Street	
CITY-ST-ZIP	Belleair Beach, FL 33786	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAFFIN, ROSE M	
STREET ADDRESS	1051 LIVE OAK AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	

TITLE	Secretary A. Petrillo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth A. Petrillo	
STREET ADDRESS	425 22nd Street	
CITY-ST-ZIP	Belleair Beach, FL 33786	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Philip B Petrillo **Philip B Petrillo President** 1/24/01 727 577-2116

CR2E034 (10/00)