

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000036851**1. Entity Name
RECRUITING ALTERNATIVES, INC.Principal Place of Business
P.O. BOX 290333
PORT ORANGE FL 32127 US
Mailing Address
P.O. BOX 290333
PORT ORANGE FL 32127 US

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

59-3379410

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOBORG MARYELLEN G
150 SOUTH PALMETTO AVENUE

DAYTONA BEACH FL 32114 US

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.

SIGNATURE _____ 03/29/2001

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 State10. 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 T
NAME TRUJILLO ROBYN M ☐ Delete
STREET ADDRESS 5453 LANDIS LANE
CITY-ST-ZIP PORT ORANGE FL 32127TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S
NAME SWANSON SEAN ☐ Delete
STREET ADDRESS 31 ASHLEY LANE
CITY-ST-ZIP GUYTON GA 31312TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V
NAME SWANSON JOYCE A ☐ Delete
STREET ADDRESS 5984 PELHAM DR.
CITY-ST-ZIP PORT ORANGE FL 32127TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE P
NAME SWANSON EDWARD J ☐ Delete
STREET ADDRESS 5984 PELHAM DR.
CITY-ST-ZIP PORT ORANGE FL 32127TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: Edward J. Swanson

P

03/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)