

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90033 018 ***150.00

DOCUMENT # P97000003019

1. Entity Name

HUMAN RESOURCES UNLIMITED, INC.



Principal Place of Business

112 CYPRESS PT DR.
WEST PALM BEACH FL 33418
US

Mailing Address

1000 DEL LAGO CIRCLE
#102
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

1000 DEL LAGO CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

#102

City & State

PALM BEACH GARDENS

City & State

1

Zip
33410

Country
FLA.
PALM BEACH

Zip

Country

4. FEI Number 65-0754047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINIG, STEVEN L
1601 FORUM PLACE
SUITE 404
W PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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 \$150.00

After May 1, 2004 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 ZIMMERMAN, EVAN ☐ Delete
STREET ADDRESS 2504 MAHOGANY PLACE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME EVAN ZIMMERMAN
STREET ADDRESS 1000 DEL LAGO CIRCLE #102
CITY-ST-ZIP PALM BEACH GARDENS FLA 33410

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

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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:

Evan Zimmerman EVAN ZIMMERMAN

MARCH 10 2004 799-2995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #