2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90084 047 ***150.00

DOCUMENT # P97000049738

1. Entity Name
FLORIDAJOBS.COM, INC.

Principal Place of Business	Mailing Address
~~2431 ALOMA AVE., STE. 139 WINTER PARK FL 32792-2522~~	~~2431 ALOMA AVE., STE. 139 WINTER PARK FL 32792-2522~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2488 Ekana Dr.	2488 Ekana Dr.
Suite, Apt. #, etc: ~~Oviedo #~~	Suite, Apt. #, etc.
City & State: Oviedo, FL	City & State: Oviedo FL
Zip: 32765 Country: USA	Zip: 32765 Country: USA

4. FEI Number 59-3451074 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~HODGES, GEORGE~~
~~250 S COUNTY ROAD 427~~
~~STE 116~~
~~LONGWOOD FL 32750-5219~~

7. Name and Address of New Registered Agent

Name: Hodges, George E. A
Street Address (P.O. Box Number is Not Acceptable): 585 SCR 427 #121
City: Longwood Zip Code: 32750-5462

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 ____________________
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BELL, WILLIAM W. 2488 EKANA DR OVIEDO FL 32765 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Wils Bell - Wils Bell 4-26-01 407-365-2404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)