

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90349 016 ***150.00

DOCUMENT # P97000074587

1. Entity Name
PERSONNEL BEST OF FLORIDA, INC.

Principal Place of Business
4820 14TH ST W
SUITE A
BRADENTON FL 34207

Mailing Address
4820 14TH ST W
SUITE A
BRADENTON FL 34207



2. Principal Place of Business
6927 21st St. W.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 6508
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Bradenton FL** **City & State** **Bradenton FL** **4. FEI Number** **65-0781003** **Applied For**
Zip **34207** **Country** **USA** **Zip** **34201** **Country** **USA** **5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RITTENHOUSE, TASHA
4820 14TH ST W
A
BRADENTON FL 34207

7. Name and Address of New Registered Agent
Name **Tasha Rittenhouse**
Street Address (P.O. Box Number is Not Acceptable) **6927 21st St W.**
City **Bradenton** **FL** **Zip Code** **34207**

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 *Tasha Rittenhouse* **DATE** **3-12-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
(See criteria on back) **Trust Fund Contribution.**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARTFORD, PAUL W		NAME		
STREET ADDRESS	6927 21ST STREET W		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34207		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RITTENHOUSE, TASHA		NAME		
STREET ADDRESS	6927 21ST STREET W		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34207		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMMOND, JOSEPH		NAME		
STREET ADDRESS	6102 GLEN ABBY LANE		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34202		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Tasha Rittenhouse* **DATE** **941-756-2234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)