

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91335 020 ***150.00

DOCUMENT # P98000017598

1. Entity Name
HUMAN RESOURCES INTERNATIONAL, INC.



Principal Place of Business
100 2ND AVE. S., SUITE 104S
ST. PETERSBURG FL 33701

Mailing Address
100 2ND AVE. S., SUITE 104S
ST. PETERSBURG FL 33701

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 **59-3527991**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

MALONE, ROSSER A JR.
100 2ND AVE. S., SUITE 104S
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name **BUCHANAN, SCOTT**
Street Address (P.O. Box Number is Not Acceptable)
100 SECOND AV S
SUITE 104S
City **ST PETERSBURG** **FL** **Zip Code** **33701**

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 *Scott Buchanan* **SCOTT BUCHANAN TREASURER** **4-23-03**
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **CEO** ☒ **Delete**
NAME **MALONE, ROSSER A**
STREET ADDRESS **760 PINNELLAS BAY WAY**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **CFO** ☒ **Delete**
NAME **HOLKEBOER, D SCOTT**
STREET ADDRESS **760 PINNELLAS BAYWAY**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

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

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

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 **TREASURER** ☐ **Change** ☒ **Addition**
NAME **SCOTT BUCHANAN**
STREET ADDRESS **1921 ILLINOIS AVE**
CITY-ST-ZIP **ST PETERSBURG FL 33703**

TITLE **VICE PRESIDENT** ☐ **Change** ☒ **Addition**
NAME **JUDITH C. MALONE**
STREET ADDRESS **760 PINELLAS BAYWAY**
CITY-ST-ZIP **ST PETERSBURG, FL 33715**

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

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

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

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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: *SCOTT BUCHANAN* **SCOTT BUCHANAN** **4-23-03** **727-895-4700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)