

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90173 039 ***150.00

DOCUMENT # P98000090385

1. Entity Name

SELECT RECRUITING SERVICES, INC.

Principal Place of Business

Mailing Address

525 DELANEY PARK DRIVE
 ORLANDO FL 32806

3100 CLAY AVE
 165
 ORLANDO FL 32789-2101
 US

710862

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1801 Lee Road

Suite 306

Winter Park, FL

32789

US

4. FEI Number **59-3537834**

Applied
 Not

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

WELSH, RANDALL J
754 ELLWOOD AVENUE
ORLANDO FL 32804

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Randall J. Welsh Vice President

1/31/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 ...
 Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	WELSH, RANDALL J	
STREET ADDRESS	754 ELLWOOD AVENUE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GUADALUPE, FELIXON A	
STREET ADDRESS	525 DELANEY PARK DRIVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
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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 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Felixon A. Guadalupe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #