## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 30, 2001 8:00 am DOCUMENT # P9900006774 **Secretary of State** 1. Entity Name KEENAN-HARTMAN RECRUITING GROUP, INC. 01-30-2001 90226 010 \*\*\*150.00 Principal Place of Business Mailing Address 11266 W. HILLSBOROUGH AVE., #213 3106 EGRET TERRACE SAFETY HARBOR FL 34695 TAMPA FL 33635 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3551526 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMILTON, THEODORE J Street Address (P.O. Box Number is Not Acceptable) 400 N. TAMPA ST., 2625 PARK TOWER **TAMPA FL 33602** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITHE ☐ Change ☐ Addition HARTMAN, LINDA J NAME NAME STREET ADDRESS 11266 W. HILLSBOROUGH AVE., #213 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33635** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE KEENAN, PATRICIA J NAME NAME STREET ADDRESS 11266 W. HILLSBOROUGH AVE., #213 STREET ADDRESS CITY-ST-ZIP-TAMPA FL 33635 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change □ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

resident 1/23/01 SIGNATURE: ATURE AND TYPED OR PRINTED

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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

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changed, or on an attachment with an address, with all other/like empowered.