

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90110 015 ***150.00

DOCUMENT # P99000038407

1. Entity Name
HIRE IMAGE SERVICES, INC.

Principal Place of Business
600 FEDERAL HIGHWAY 210
DEERFIELD BEACH FL 33441

Mailing Address
600 FEDERAL HIGHWAY 210
DEERFIELD BEACH FL 33441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
440 E. SAMPLE RD.
 Suite, Apt. #, etc.
204

3. Mailing Address
440 E. SAMPLE RD.
 Suite, Apt. #, etc.
204

City & State
POMPANO BEACH FL.

City & State
POMPANO BEACH FL

4. FEI Number
65-0919259

Applied For
☐ Not Applicable

Zip
33064 Country
USA

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33064 Country
USA

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

6. Name and Address of Current Registered Agent

TOMLINSON, THOMAS JR
600 FEDERAL HIGHWAY 210
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
440 E. SAMPLE RD # 204
 City
POMPANO BEACH FL Zip Code
33064

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 *Thomas Tomlinson* **THOMAS TOMLINSON** 4/5/02
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, 2002 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	D TOMLINSON, THOMAS JR 600 FEDERAL HIGHWAY 210 DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	440 E. SAMPLE RD # 204 POMPANO BEACH, FL. 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas Tomlinson* **THOMAS TOMLINSON** 4/5/02 954 942-1893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)