

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90187 044 \*\*\*150.00

**DOCUMENT # P99000070638**

1. Entity Name

**THE HR CONSULTING GROUP, INC.**

Principal Place of Business

**3852 HENDERSON BLVD STE 303  
TAMPA FL 33629**

Mailing Address

**3852 HENDERSON BLVD STE 303  
TAMPA FL 33629**

2. Principal Place of Business

**15027 Arbor Reserve Circle**

3. Mailing Address

**15027 Arbor Reserve Circle**

Suite, Apt. #, etc.

**202**

Suite, Apt. #, etc.

**202**

City & State

**Tampa FL**

City & State

**Tampa FL**

Zip

**33624**

Country

**USA**

Zip

**33624**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3589234**

Applied For

☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MELENDY, LOUIS R**

**3825 HENDERSON BLVD. STE 303**

**TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**15027 Arbor Reserve Circle**

**#202**

City

**Tampa**

**FL**

Zip Code

**33624**

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

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

TITLE **PD** ☐ Delete

NAME **MELENDY, LOUIS**  
STREET ADDRESS **17217 EQUESTRIAN TRL**  
CITY-ST-ZIP **ODESSA FL 33556**

TITLE **VD** ☐ Delete

NAME **STEFAN, JUDY C**  
STREET ADDRESS **2601 S. DUNDEE ST**  
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **VD** ☒ Delete

NAME **MONDER, LORI C**  
STREET ADDRESS **19107 REDBAY WAY**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D** ☐ Delete

NAME **MELENDY, MARGARET**  
STREET ADDRESS **2629 CRESTLINE AVE**  
CITY-ST-ZIP **WATERLOO IA 50701**

TITLE **D** ☐ Delete

NAME **MELENDY, SHARON**  
STREET ADDRESS **577 E. MAIR**  
CITY-ST-ZIP **MARENGO IA 52301**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Robert Melendy**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02**  
Date

**813-876-2000**  
Daytime Phone #

CR2E034 (9/01)