

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
 02-01-2001 90073 028 ***158.75

DOCUMENT # P99000087909

***1. Entity Name**
A & M RECRUITING, INC.

Principal Place of Business 14326 KEYLIME BLVD. LOXAHATCHEE FL 33470	Mailing Address 14326 KEYLIME BLVD. LOXAHATCHEE FL 33470
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 65-0957365	Applied For
	Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANFRATE, THERESA 1045 FAIRDALE WAY WELLINGTON FL 33414	Name <i>Manfrate, Theresa</i>
	Street Address (P.O. Box Number is Not Acceptable) <i>2232 Appaloosa Trail</i>
	City <i>Wellington</i> FL Zip Code <i>33414</i>

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 *Theresa Manfrate* *Theresa Manfrate* *Pres* *1/23/01*
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, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MANFRATE, THERESA 1045 FAIRDALE WAY WELLINGTON FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>Manfrate, Theresa</i> <i>2232 Appaloosa Trail</i> <i>Wellington, FL 33414</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MCDERMOTT, MARQUERITE 1045 FAIRDALE WAY WELLINGTON FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>McDermott, Marguerite</i> <i>14326 Keylime Blvd.</i> <i>Loxahatchee, FL 33470</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 *Theresa Manfrate* *Theresa Manfrate, Pres* *1/23/01* *561-798-3388*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)