

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101142

1. Entity Name

HR-HELP.COM, INC.

APPROVED
AND
FILED

00 JAN 10 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1081 NW 104 AVE.
PLANTATION FL 33322

1081 NW 104 AVE.
PLANTATION FL 33322-6588

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0962373

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

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR.
CLEARWATER FL 33761

Name

Charles A. Ladt

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

1081 NW 104 Ave
City Plantation

FL Zip Code 33322

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

Charles A. Ladt

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

(NOTE: Registered Agent signature required when reinstating)

01/05/2000

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, 2000 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 P
NAME LADT, CHARLES A
STREET ADDRESS 1081 NW 104 AVE.
CITY-ST-ZIP PLANTATION FL 33322 ☐ Delete

TITLE S
NAME LADT, Charles A
STREET ADDRESS 1081 NW 104 AVE,
CITY-ST-ZIP PLANTATION, FL 33322 ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: C. Anthony Ladt - President
Date: 01/05/2000
Daytime Phone #: 954-632-5515
HR-HELP.COM, INC.