

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104721

1. Entity Name

HIRESMART, INC.

REJECTED
05-19-2000 90051 013 ***150.00
P99000104721

FILED

01 JAN 18 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

00-01

Principal Place of Business		Mailing Address	
405 NORTH BRIGGS AVE. #105 SARASOTA FL 34237		PO BOX 656 SARASOTA FL 34230-0656	
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	Applied For
65-0960153	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DELEO, KIMBERLY A 405 NORTH BRIGGS AVE. #105 SARASOTA FL 34237	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

LS

SIGNATURE _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 KIMBERLY A. DELEO, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/2000 941-955-6557

CR2E04 (9/99)

4

12/2

HiReSmart

POBox 656
SARASOTA, FLORIDA 34230-656
(941) 955-6557

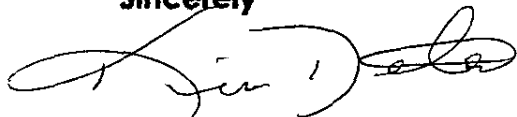
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314
ref. #: P99000104721
Stacy Prather

Dear Ms. Prather;

Thank you for expediting the application per our conversation last week. I appologize we did not receive the notice of the mistake before, as metioned our post office was under construction and they warned us there may be lost mail. Therefore, we did not understand why our company was in dissolution until I called. Thank you for the opportunity to rectify the situation. As stated, we knew nothing about the mistake until I called last week.

Please find the enclosed \$150.00 for the fee for the upcoming year and the accurate correction requested by your office. Please the necessary paperwork/application for a name change as well. Thank you for your time and efforts on our behalf. IT would be greatly appreciated if you could reinstate us ASAP, as it is negatively affecting our business.

Sincerely



Kimberly Deleo
President