

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V 48547

i. Entity Name

Personnel Resources o Northwest Florida, Inc

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90010 039 ***150.00

Principal Place of Business Mailing Address

2420 Jenks Avenue P.O. Box 8186
Ste 4
Panama City, Florida 32405 Dothan, AL 36304

A0035262

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 63-1070042 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

Richard Guest
2420 Jenks Avenue
Ste 4
Panama City, Florida 32405

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.

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete ☐
Rebecca Carter
136 N. Grades Trail
Panama City, FL 32408

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete ☐
Richard Guest
2604 Magnolia Point Circle
Panama City Beach, FL 32408

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete ☐
Benjamin Harrison
P.O. Box 8186
Dothan, AL 36304

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)(f), 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: *Benjamin Harrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01 13347794-8722
Date Daytime Phone #