

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90325 005 \*\*\*150.00

**DOCUMENT # L84441**

1. Entity Name  
**SELECTIVE HR SOLUTIONS IX, INC.**

Principal Place of Business <b>6414 14TH STREET. W.          BRADENTON FL 34207          US</b>	Mailing Address <b>6414 14TH STREET. W.          BRADENTON FL 34207          US</b>
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**A0028597**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6920 Professional Pkwy E</b> Suite, Apt. #, etc.	3. Mailing Address <b>6920 Professional Pkwy E</b> Suite, Apt. #, etc.
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City & State <b>SARASOTA, FL</b>	City & State <b>Sarasota, FL</b>	4. FEI Number <b>65-0205563</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34240</b>	Country <b>USA</b>	Zip <b>34240</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM          C/O CT CORPORATION SYSTEM          1200 SOUTH PINE ISLAND RD.          PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SIMONSON, MARGE</b> <b>6414 14TH STREET, W.</b> <b>BRADENTON FL 34207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6920 Professional Pkwy E</b> <b>Sarasota, FL 34240</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>LACY, JOHN</b> <b>6414 14TH ST W</b> <b>BRADENTON FL 34207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6920 Professional Pkwy E</b> <b>Sarasota, FL 34240</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>ROBERT J. CLANCY</b> <b>6414 14TH STREET, W.</b> <b>BRADENTON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6920 Professional Pkwy E</b> <b>Sarasota, FL 34240</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>DUNCAN, JOEL</b> <b>6414 14TH STREET, W.</b> <b>BRADENTON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6920 Professional Pkwy E</b> <b>SARASOTA, FL 34240</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFD <b>SULLIVAN, DANIEL J</b> <b>6414 14TH STREET W</b> <b>BRADENTON FL 34207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6920 Professional Pkwy E</b> <b>SARASOTA, FL 34240</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>BAILEY, LINDA</b> <b>6414 14TH STREET W</b> <b>BRADENTON FL 34207</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CMO</b> <b>Tomlinson, Ray</b> <b>6920 Professional Pkwy E</b> <b>Sarasota, FL 34240</b>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Daniel J Sullivan* **2/28/01** **941-755-4634**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)