2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # N0000004345 1. Entity Name HILLSBOROUGH COUNTY WORKFORCE BOARD, INC. 04-30-2001 90144 018 ****70.00 Principal Place of Business Mailing Address 9225 BAY PLAZA BLVD.STE.405 9225 BAY PLAZA BLVD.STE.405 **TAMPA FL 33619** TAMPA FL 33619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3655316 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAX SELKO Street Address (P.O. Box Number is Not Acceptable) SYLLA, CHEIKH T 9225 BAY PLAZA BLVD, STE. 405 **TAMPA FL 33619** 9225 BAY PLAZA BLVD, STE. 405 Zip Code 33619 City TAMPA8. 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 MAX SELKO, EXECUTIVE DIRECTOR 4/10/01 ited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PTD TITLE Change Change ☐ Delete TITLE Addition CHEIKH T. SYLLA, 1 SYLLA, CHEIKH T NAME NAME 3415 Frontage Road E. 9225 BAY PLAZA BLVD,STE.405 STREET ADDRESS STREET ADDRESS SUITE B TAMPA, FL CITY-ST-ZIP 33607 **TAMPA FL 33619** CITY-ST-ZIP STD TITLE Delete TITLE ☐ Change Addition ELLA KAY TABB, I SELKO, MAX NAME 702 NORTH FRANKLIN STREET 9225 BAY PLAZA BLVD, STE. 405 STREET ADDRESS STREET ADDRESS TAMPA, FL 33602 CITY-ST-ZIP **TAMPA FL 33619** CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change Addition JOANNA TOKLEY, . CLARK, ROBERTA NAME NAME 1405 TAMPA PARK PLAZA 9225 BAY PLAZA BLVD, STE. 405 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF TAMPA, FL 33605 **TAMPA FL 33619** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change ROBERTA CLARK, NAME NAME 1720 W. CLEVELAND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUITE C CITY-ST-ZIP TAMPA, FL33606 TITLE ☐ Delete Change X Addition PHILLIP HUMPHREY. NAME 5625 HARNEY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33610 TITLE ☐ Delete Change Addition ROY OPFER, NAME

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-7IP

CHEIKHTSY//A

TAMPA, FL

STREET ADDRESS 3020 WEST LAUREL STREET

33607