

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90196 016 ****70.00

DOCUMENT # **N97000003862**

1. Entity Name

TAMPA WORKSERVICES, INC.

Principal Place of Business

Mailing Address

5602 E. COLUMBUS DR.
 TAMPA FL 33619

P.O. BOX 9537
 TAMPA FL 33674-9537



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0895908

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LILLISTON, RICHARD
2714 W. KIRBY ST.
TAMPA FL 33614

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD BOMBANIC, PATRICIA C 5003 GARRICK COURT TAMPA FL 33624	<input type="checkbox"/>		
TD HERMIDA, ROBERT 3712 ORANGE POINT DRIVE VALRICO FL 33594	<input checked="" type="checkbox"/>	TD Deegan, Gene 3910 Havenhill Drive Tampa, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SD SLOAN, RHONDA 503 N. IDLEWILD AVE TAMPA FL 33604	<input checked="" type="checkbox"/>	SD Brannock, Steven 8113 Revels Rd Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VPD PINZEL, BONNIE 6710 N RIVER BLVD TAMPA FL 33604	<input checked="" type="checkbox"/>	VPD Henman, Harry 15719 Gableside Lane Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

Richard Lilliston
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-931-9100

CR2E037 (9/99)