

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90012 038 ****61.25

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DOCUMENT # N98000003604

1. Entity Name

THE ASSOCIATION OF INFORMATION TECHNOLOGY PROFESSIONALS OF TAMPA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 23745
 TAMPA FL 33623-3745

P.O. BOX 23745
 TAMPA FL 33623-3745

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 **59-6152362**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIGNELL, SUE
400 ISLAND WAY #1407
CLEARWATER FL 33767

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SERIM, FEYZI	
STREET ADDRESS	5022 BRIDGETPORT DR.	
CITY-ST-ZIP	SAFTY HARBOR FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARDESTY, KELLEY	
STREET ADDRESS	8443 FLAGSTONE DR.	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VEATCH, MARSHALL	
STREET ADDRESS	614 SHADY NOOK DR.	
CITY-ST-ZIP	BRANDON FL 33511-7973	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LIGNELL, SUE	
STREET ADDRESS	400 ISLAND WAY #1407	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	ILGEN, JOHN	
STREET ADDRESS	5813 MPERIAL KEY	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROUGHTON, KAREN	
STREET ADDRESS	24234 TWIN LAKE DRIVE	
CITY-ST-ZIP	LAND O LAKES FL 34639	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEATCH, MARSHALL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Sue Lignell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02
 Date

727-467-8259
 Daytime Phone #

CR2E037 (9/01)