


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90458 046 \*\*\*\*61.25

**DOCUMENT # N98000003604**

1. Entity Name  
**THE ASSOCIATION OF INFORMATION TECHNOLOGY PROFESSIONALS OF TAMPA, INC.**



Principal Place of Business: **P.O. BOX 23745 TAMPA FL 33623-3745**  
Mailing Address: **P.O. BOX 23745 TAMPA FL 33623-3745**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: 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**

6. Name and Address of Current Registered Agent  
**LIGNELL, SUE  
400 ISLAND WAY #1407  
CLEARWATER FL 33767**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_



CHECK HERE IF MAKING CHANGES

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>D</b>	<b>SERIM, FEYZI</b> 5022 BRIDGETPORT DR. SAFTY HARBOR FL	TITLE: <b>D</b>	<b>TERRI SCOTT</b> 12002 BREWSTER DR. TAMPA FL 33626
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: <b>PD</b>	<b>HARDESTY, KELLEY</b> 8443 FLAGSTONE DR. TAMPA FL 33615	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Delete			
TITLE: <b>TD</b>	<b>VEATCH, MARSHALL</b> 614 SHADY NOOK DR BRANDON FL 33511-7973	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete			
TITLE: <b>PD</b>	<b>LIGNELL, SUE</b> 400 ISLAND WAY #1407 CLEARWATER FL 33767	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete			
TITLE: <b>D</b>	<b>ILGEN, JOHN</b> 5813 IMPERIAL KEY TAMPA FL 33626	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete			
TITLE: <b>SD</b>	<b>BROUGHTON, KAREN</b> 24234 TWIN LAKE DRIVE LAND O LAKES FL 34639	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete			

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: *[Signature]* **1/9/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)