FILED

2002 Uniform Business Report (UBR)

Apr 08, 2002 8:00 am Secretary of State P00000116075 DOCUMENT # 1. Entity Name 04-08-2002 90235 042 ***150 00 WORKFORCE OF HILLSBOROUGH COUNTY, INC. Principal Place of Business Mailing Address 1000 N ASHLEY DRIVE SUITE 600 1000 N ASHLEY DRIVE SUITE 600 **TAMPA FL 33802 TAMPA FL 33602** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3687189 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIORDANO, JOHN N ESQ Street Address (P.O. Box Number is Not Acceptable) 220 SOUTH FRANKLIN STREET **TAMPA FL 33602** Zip Code City FL 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 \$150.00 19. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE **2** Change ☐ Addition CR2E034 (9/01 DYN, TIM NAME NAME 1000 N ASHLEY #600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HOOVER, ROB NAME STREET ADDRESS 1000 N ASHLEY #600 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARRIS, SAMUEL NAME STREET ADDRESS 1000 N ASHLEY #600 STREET ADDRESS TAMPA FL 33602 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LICATA, VINCE NAME 1000 N ASHLEY #600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME HOOVER, NOEL NAME 1000 N ASHLEY #600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP **D**elete TITLE TITLE ☐ Change ☐ Addition MCCORMACK, MICHAEL NAME NAME 1000 N ASHLEY #600 STREET ADDRESS STREET ADDRESS **TAMPA FL 33602** CITY-ST-ZIP CITY-ST-ZIP

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 econowered 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 additional with an additional statutes.

SIGNATURE:

Date

Davtime Phone #