

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098361

1. Entity Name

TEACHER INSERVICE PROGRAMS AND SERVICES, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90063 035 ***150.00

Principal Place of Business

74 JAYTEE COURT
HAVANA FL 32333

Mailing Address

74 JAYTEE COURT
HAVANA FL 32333

2. Principal Place of Business

3. Mailing Address

PO Box 20011

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL

Zip

Country

Zip

Country

32316

4. FEI Number 59-3477395

Applied For

Not Applicable

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

HANSEN, JOHN
74 JAYTEE COURT
HAVANA FL 32333

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

John N. Hansen

1/21/2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSEN, JOHN H 74 JAYTEE COURT HAVANA FL 32333	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSEN, JULIE J 74 JAYTEE COURT HAVANA FL 32333	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with my address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John N. Hansen

1/21/2001

850-539-5711

CR2E034 (10/00)