

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000098361**

1. Entity Name

TEACHER INSERVICE PROGRAMS AND SERVICES, INC.

Tools for Improvement of Performance of Students, Inc.

Principal Place of Business

74 JAYTEE COURT
HAVANA FL 32333

Mailing Address

P O BOX 20011
TALLAHASSEE FL 32316

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

74 JAYTEE CT

HAVANA FL

32333

6. Name and Address of Current Registered Agent

HANSEN, JOHN
74 JAYTEE COURT
HAVANA FL 32333

4. FEI Number **59-3477395**

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Daytime Phone #

Spayne

02 APR -2 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 APR -2 PM 2:55
FILED

0045017 AV

FILED

CR2E034 (9/01)