

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90040 013 ***150.00

0524603 AV

DOCUMENT # F00000003822

1. Entity Name

SELECTIVE HR SOLUTIONS II, INC.

Principal Place of Business

6920 PROFESSIONAL PKWY E
SARASOTA FL 34240

Mailing Address

6920 PROFESSIONAL PKWY E
SARASOTA FL 34240

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

58-2086633

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	CLANCY, ROBERT J	
STREET ADDRESS	6920 PROFESSIONAL PKWY E	
CITY-ST-ZIP	SARASOTA FL 34240	

TITLE	CFO	<input type="checkbox"/> Delete
NAME	SULLIVAN, DANIEL J	
STREET ADDRESS	6920 PROFESSIONAL PKWY E	
CITY-ST-ZIP	SARASOTA FL 34240	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NIERODA, MICHELE C	
STREET ADDRESS	40 WANTAGE AVENUE	
CITY-ST-ZIP	BRANCHVILLE NJ 07890	

TITLE	V	<input type="checkbox"/> Delete
NAME	DUNCAN, JOEL D	
STREET ADDRESS	6920 PROFESSIONAL PKWY E	
CITY-ST-ZIP	SARASOTA FL 34240	

TITLE	V	<input type="checkbox"/> Delete
NAME	SIMONSON, MARGARET R	
STREET ADDRESS	6920 PROFESSIONAL PKWY E	
CITY-ST-ZIP	SARASOTA FL 34240	

TITLE	V	<input type="checkbox"/> Delete
NAME	LACY, JOHN T	
STREET ADDRESS	6920 PROFESSIONAL PKWY E	
CITY-ST-ZIP	SARASOTA FL 34240	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES W. COLEMAN	
STREET ADDRESS	6920 PROFESSIONAL PKWY E	
CITY-ST-ZIP	SARASOTA, FL 34240	

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	MICHELE C NIERODA SCHUMACHER	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/01)