

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90469 008 ***150.00

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DOCUMENT # F00000003823

1. Entity Name

SELECTIVE HR SOLUTIONS IV, INC.



Principal Place of Business
**6920 PROFESSIONAL PKWY E
SARASOTA FL 34240
US**

Mailing Address
**6920 PROFESSIONAL PKWY E
SARASOTA FL 34240
US**



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 **52-1810171**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	COLMAN, JAMES W JR	
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 type="checkbox"/> Delete
NAME	SCHUMACHER-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 checked="" 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	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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 REQUIRED
DANIEL J. SULLIVAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-755-4634

CR2E034 (10/02)