

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003474

1. Entity Name

P.D. QUICK OF TAMPA, INC.

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90054 019 \*\*\*158.75

Principal Place of Business

Mailing Address

THE PAGODA BUILDING  
100 PRESIDENTIAL BLVD. NORTH  
BALA CYNWYD PA 19004

GLOBAL EMPLOYMENT SOLUTIONS  
14142 DENVER WEST PKWY. #350  
GOLDEN CO 80401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2966444

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KENNEDY, ROBERT W  
5005 WEST LAUREL STREET, SUITE #112  
TAMPA FL 33607

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, 2000 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 PD and Treasurer ☐ Delete  
NAME KENNEDY, ROBERT W  
STREET ADDRESS 100 PRESIDENTIAL BLVD., NORTH  
CITY-ST-ZIP BALA CYNWYD PA 19004

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

TITLE TSD ☒ Delete  
NAME LOFGEN, ALBERT J  
STREET ADDRESS 100 PRESIDENTIAL BLVD., NORTH  
CITY-ST-ZIP BALA CYNWYD PA 19004

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

TITLE D and Chairman ☐ Delete  
NAME SAUNDERS, RON  
STREET ADDRESS 14142 DENVER WEST PKWY. SUITE 350  
CITY-ST-ZIP GOLDEN CO 80401

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

TITLE VP & Asst. Secy & Dir. ☐ Delete  
NAME Chris Bock  
STREET ADDRESS 1515 Arapahoe St. #1500  
CITY-ST-ZIP Denver, CO. 80202

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

TITLE VP & Asst. Secy. & Dir. ☐ Delete  
NAME Bruce Rogers  
STREET ADDRESS 1515 Arapahoe St. # 1500  
CITY-ST-ZIP Denver, CO. 80202

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

TITLE VP & Asst. Secy. & Dir. ☐ Delete  
NAME Charles Gwirtsman  
STREET ADDRESS 1515 Arapahoe St. # 1500  
CITY-ST-ZIP Denver, CO. 80202

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

4/4/00

303 216-9500

Date

Daytime Phone #

CR2E034 (9/99)