

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000002166

FILED  
Jan 08, 2002  
Secretary of State

Entity Name: PLAN FOR SOCIAL EXCELLENCE, INC.

## Current Principal Place of Business:

2502 ROCKY POINT DRIVE, STE 880  
TAMPA, FL 33607

## New Principal Place of Business:

2502 ROCKY POINT DRIVE  
SUITE 880  
TAMPA, FL 33607

## Current Mailing Address:

2502 ROCKY POINT DRIVE, STE 880  
TAMPA, FL 33607

## New Mailing Address:

2502 ROCKY POINT DRIVE  
SUITE 880  
TAMPA, FL 33607

FEI Number: 06-6082681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PENA, MARIO J  
2502 ROCKY POINT DR  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

PENA, MARIO J  
2502 ROCKY POINT DRIVE  
SUITE 880  
TAMPA, FL 33607 US

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:

01/08/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KOHLBERG, JAMES A  
Address: 111 RADIO CIRCLE  
City-St-Zip: MT KISCO, NY

Title: ST ( ) Delete  
Name: FARLEY, WALTER W  
Address: 111 RADIO CIRCLE  
City-St-Zip: MT KISCO, NY

Title: VD ( ) Delete  
Name: PENA, MARIO J  
Address: 2502 ROCKY POINT DR., STE 880  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: CAPONE, EILEEN  
Address: 111 RADIO CIRCLE  
City-St-Zip: MT KISCO, NY

Title: D ( ) Delete  
Name: KOHLBERG, SUZANNE  
Address: 111 RADIO CIRCLE  
City-St-Zip: MT KISCO, NY

Title: D ( ) Delete  
Name: HONAN, JAMES P  
Address: 46 KIRKLAND CIRCLE  
City-St-Zip: WELLESLEY, MA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO J. PENA

VD

01/08/2002

Electronic Signature of Signing Officer or Director

Date

HLOY P. PENA, DIRECTOR  
2502 ROCKY POINT DRIVE  
SUITE 880  
TAMPA, FL 33607