

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

0017115
AF

DOCUMENT # **L00000004373**

1. Entity Name
H&K STRATEGIC BUSINESS SOLUTIONS LLC

01 MAY -8 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 400 NORTH ASHLEY DRIVE SUITE 2300 TAMPA FL 33602	Mailing Address 400 NORTH ASHLEY DRIVE SUITE 2300 TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3684142

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR APS MANAGEMENT, INC.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 400 NORTH ASHLEY DRIVE SUITE 2300	
CITY-ST-ZIP TAMPA FL 33602	

TITLE NAME MGR. Holland & Knight Consulting, Inc.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 400 North Ashley Drive, Suite 2300	
CITY-ST-ZIP Tampa, FL 33602	

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

Change Addition
300004191653--4
-05/09/01--01123--002
*******50.00 *****50.00**

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **4/27/01** **904-798-5477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)