

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90325 005 \*\*\*150.00

**DOCUMENT # L84441**

1. Entity Name

**SELECTIVE HR SOLUTIONS IX, INC.**

Principal Place of Business

**6414 14TH STREET. W.  
 BRADENTON FL 34207  
 US**

Mailing Address

**6414 14TH STREET. W.  
 BRADENTON FL 34207  
 US**

2. Principal Place of Business

**6920 Professional Pkwy E  
 Suite, Apt. #, etc.**

3. Mailing Address

**6920 Professional Pkwy E  
 Suite, Apt. #, etc.**

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

4. FEI Number

**65-0205563**

Applied For

Not Applicable

Zip

**34240**

Country

**USA**

Zip

**34240**

Country

**USA**

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

**CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 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.

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	SIMONSON, MARGE	
STREET ADDRESS	6414 14TH STREET, W.	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LACY, JOHN	
STREET ADDRESS	6414 14TH ST W	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	ROBERT J. CLANCY	
STREET ADDRESS	6414 14TH STREET, W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DUNCAN, JOEL	
STREET ADDRESS	6414 14TH STREET, W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	CFD	<input type="checkbox"/> Delete
NAME	SULLIVAN, DANIEL J	
STREET ADDRESS	6414 14TH STREET W	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, LINDA	
STREET ADDRESS	6414 14TH STREET W	
CITY-ST-ZIP	BRADENTON FL 34207	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6920 Professional Pkwy E	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6920 Professional Pkwy E	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6920 Professional Pkwy E	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6920 Professional Pkwy E	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CMO	
STREET ADDRESS	Tomlinson, Ray	
CITY-ST-ZIP	6920 Professional Pkwy E Sarasota, FL 34240	

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 (10/00)