

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90040 016 ***150.00

0524621 AV

DOCUMENT # L84441

1. Entity Name

SELECTIVE HR SOLUTIONS IX, INC.

Principal Place of Business

Mailing Address

**6920 PROFESSIONAL PKWY. E
 SARASOTA FL 34240
 US**

**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

65-0205563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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, 2002 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	6920 PROFESSIONAL PKWY. E	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LACY, JOHN	
STREET ADDRESS	6920 PROFESSIONAL PKWY. E	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	CEOP	<input checked="" type="checkbox"/> Delete
NAME	CLANCY, ROBERT J	
STREET ADDRESS	6920 PROFESSIONAL PKWY. E	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	V	<input type="checkbox"/> Delete
NAME	DUNCAN, JOEL	
STREET ADDRESS	6920 PROFESSIONAL PKWY. E	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	CFD	<input type="checkbox"/> Delete
NAME	SULLIVAN, DANIEL J	
STREET ADDRESS	6920 PROFESSIONAL PKWY. E	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	CMO	<input checked="" type="checkbox"/> Delete
NAME	TOMLINSON, RAY	
STREET ADDRESS	6920 PROFESSIONAL PKWY E	
CITY-ST-ZIP	SARASOTA FL 34240	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELE NIERODA SAUMATHER	
STREET ADDRESS	40 WANTAGE AVE	
CITY-ST-ZIP	BRANCHVILLE, NJ 07890	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES W. COLEMAN, JR	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/01)