

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91241 019 ****61.25

DOCUMENT # N50145

1. Entity Name

**HILLSBOROUGH COUNTY BAR ASSOCIATION SECRETARIAL
 PLACEMENT SERVICES, INC.**

Principal Place of Business

Mailing Address

101 E KENNEDY
 SUITE 2110
 TAMPA FL 33602

101 E KENNEDY
 SUITE 2110
 TAMPA FL 33602
 US



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 **59-3136863**

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

PRUITT, CONNIE R. ESQ.
101 E KENNEDY BLVD
SUITE 2110
TAMPA FL 33602

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **BALES, JOHN C**
 CITY-ST-ZIP **1715 N WESTSHORE STE 190**
TAMPA FL 33607

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WALKER, JAMES G**
 CITY-ST-ZIP **PO BOX 3433**
TAMPA FL 33601-3433

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **YOUNG, GWYNNE**
 CITY-ST-ZIP **PO BOX 3239**
TAMPA FL 33601-3239

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WESTER, J. MEREDITH**
 CITY-ST-ZIP **1519 N DALE MABRY**
LUTZ FL 33549

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JOYNER, ARTHENIA**
 CITY-ST-ZIP **PO BOX 172297**
TAMPA FL 33672-0297

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

TITLE ☐ Delete
 NAME **M**
 STREET ADDRESS **PRUITT, CONNIE R**
 CITY-ST-ZIP **101 E. KENNEDY BLVD, STE 2110**
TAMPA FL 33602

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Connie R. Pruitt, Esq.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/02
 Date

83 221-7727
 Daytime Phone #

CR2E037 (9/01)