

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90196 016 ****70.00

DOCUMENT # N97000003862

1. Entity Name

TAMPA WORKSERVICES, INC.

Principal Place of Business

5602 E. COLUMBUS DR.
TAMPA FL 33619

Mailing Address

P.O. BOX 9537
TAMPA FL 33674-9537

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

59-0895908

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LILLISTON, RICHARD
2714 W. KIRBY ST.
TAMPA FL 33614

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	BOMBANIC, PATRICIA C	5003 GARRICK COURT TAMPA FL 33624				
	TD	HERMIDA, ROBERT	3712 ORANGE POINT DRIVE VALRICO FL 33594		TD	Deegan, Gene	3710 Havenhill Drive Tampa, FL 33618
	SD	SLOAN, RHONDA	503 N. IDLEWILD AVE TAMPA FL 33604		SD	Brannock, Steven	8113 Revels Rd Riverview, FL 33569
	VPD	PINZEL, BONNIE	6710 N RIVER BLVD TAMPA FL 33604		VPD	Hennman, Harry	15719 Gableside Lane Tampa, FL 33624

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-931-9100

CR2E037 (9/99)