

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90012 038 ****61.25

0076952

DOCUMENT # N98000003604

1. Entity Name

**THE ASSOCIATION OF INFORMATION TECHNOLOGY PROFFE
SSIONALS OF TAMPA, INC.**

Principal Place of Business

Mailing Address

**P.O. BOX 23745
TAMPA FL 33623-3745****P.O. BOX 23745
TAMPA FL 33623-3745**

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

59-6152362

Applied For

Not Applicable

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

**LIGNELL, SUE
400 ISLAND WAY #1407
CLEARWATER FL 33767**

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 \$61.259. 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 **D** ☐ Delete
NAME **SERIM, FEYZI**
STREET ADDRESS **5022 BRIDGETPORT DR.**
CITY-ST-ZIP **SAFTY HARBOR FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **HARDESTY, KELLEY**
STREET ADDRESS **8443 FLAGSTONE DR.**
CITY-ST-ZIP **TAMPA FL 33615**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **VEATCH, MARSHALL**
STREET ADDRESS **614 SHADY NOOK DR.**
CITY-ST-ZIP **BRANDON FL 33511-7973**TITLE ☒ Change ☐ Addition
NAME **VEATCH, MARSHALL**
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **LIGNELL, SUE**
STREET ADDRESS **400 ISLAND WAY #1407**
CITY-ST-ZIP **CLEARWATER FL 33767**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ILGEN, JOHN**
STREET ADDRESS **5813 MPERIAL KEY**
CITY-ST-ZIP **TAMPA FL 33626**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **BROUGHTON, KAREN**
STREET ADDRESS **24234 TWIN LAKE DRIVE**
CITY-ST-ZIP **LAND O LAKES FL 34639**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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/6/02**
Date**727-467-8259**
Daytime Phone #

CR2E037 (9/01)