

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90452 027 ***150.00

0451540 AV

DOCUMENT # P00000116061

1. Entity Name
WORKFORCE OF SOUTH FLORIDA, INC.



Principal Place of Business
**1000 N ASHLEY DRIVE SUITE 600
TAMPA FL 33602**

Mailing Address
**1000 N ASHLEY DRIVE SUITE 600
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3687184**

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

**GIORDANO, JOHN N ESQ
220 SOUTH FRANKLIN STREET
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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **S** ☐ Delete
NAME **HOOVER, ROBIN C**
STREET ADDRESS **1000 N ASHLEY DR, STE 600**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE
NAME **Chris Brown** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D** ☐ Delete
NAME **DYN, TIM**
STREET ADDRESS **1000 N ASHLEY DR, STE 600**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE
NAME **Pamela Hoover** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D** ☒ Delete
NAME **LICATA, VINCENT**
STREET ADDRESS **1000 N ASHLEY DR, STE 600**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE
NAME **Ken Spangle** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D** ☐ Delete
NAME **HARRIS, SAMUEL**
STREET ADDRESS **400 N ASHLEY DR, STE 600**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE
NAME **John Buels** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 607, 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

Date

Daytime Phone #

CR2E034 (10/02)