

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P32042

FILED  
Jan 22, 2002 8:00 AM  
Secretary of State

Entity Name: POE & ASSOCIATES OF ILLINOIS, INC.

## Current Principal Place of Business:

401 E JACKSON ST  
SUITE 1700  
TAMPA, FL 33602 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1348  
P.O. BOX 1348  
TAMPA, FL 33601 US

## New Mailing Address:

FEI Number: 36-3660351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAMMIG, LAUREL L.  
401 E JACKSON ST  
SUITE 1700  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PETERSEN, KEN  
Address: 401 E JACKSON ST SUITE 1700  
City-St-Zip: TAMPA, FL

Title: C ( ) Delete  
Name: BROWN, J HYATT  
Address: 220 S RIDGEWOOD AVE  
City-St-Zip: DAYTONA BEACH, FL

Title: AVP ( ) Delete  
Name: REIMANN, KATHY  
Address: 401 E JACKSON ST SUITE 1700  
City-St-Zip: TAMPA, FL

Title: SDV ( ) Delete  
Name: GRAMMIG, LAUREL L.  
Address: 401 E JACKSON ST SUITE 1700  
City-St-Zip: TAMPA, FL

Title: VPAS ( ) Delete  
Name: DONEGAN, THOMAS M JR  
Address: 401 E JACKSON ST STE 1700  
City-St-Zip: TAMPA, FL 33602

Title: T ( ) Delete  
Name: WALKER, CORY T  
Address: 220 S RIDGEWOOD AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32114

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREL L. GRAMMIG

VPASD

01/22/2002

Electronic Signature of Signing Officer or Director

Date