

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**  
 03-06-2001 90325 031 \*\*\*150.00

**DOCUMENT # P93000057055**

1. Entity Name  
**SELECTIVE HR SOLUTIONS VI, INC.**

Principal Place of Business  
**6414 14TH ST. W  
 BRADENTON FL 34207  
 US**

Mailing Address  
**6414 14TH ST. W  
 BRADENTON FL 34207  
 US**

2. Principal Place of Business  
**6920 Professional Pkwy E**

3. Mailing Address  
**6920 Professional Pkwy E**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Sarasota, FL**

Zip  
**34240**

Country  
**USA**

4. FEI Number  
**59-3196182**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired  
☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP HR	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONSON, MARGE		NAME		
STREET ADDRESS	6414 14TH ST W		STREET ADDRESS	6920 Professional Pkwy E	
CITY-ST-ZIP	BRADENTON FL 34207		CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	VPRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACY, JOHN		NAME		
STREET ADDRESS	6414 14TH ST, W		STREET ADDRESS	6920 Professional Pkwy E	
CITY-ST-ZIP	BRADENTON FL 34207		CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT J. CLANCY		NAME		
STREET ADDRESS	6414 14TH ST. W		STREET ADDRESS	6920 Professional Pkwy E	
CITY-ST-ZIP	BRADENTON FL		CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, JOEL		NAME		
STREET ADDRESS	6414 14TH ST W		STREET ADDRESS	6920 Professional Pkwy E	
CITY-ST-ZIP	BRADENTON FL 34207		CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	CFO	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, DANIEL J		NAME		
STREET ADDRESS	6414 14TH STREET W		STREET ADDRESS	6920 Professional Pkwy E	
CITY-ST-ZIP	BRADENTON FL 34207		CITY-ST-ZIP	Sarasota, FL 34240	
TITLE		<input type="checkbox"/> Delete	TITLE	Cmo	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Tomlinson, Ray	
STREET ADDRESS			STREET ADDRESS	6920 Professional Pkwy E	
CITY-ST-ZIP			CITY-ST-ZIP	Sarasota, FL 34240	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel J. Sullivan **2/28/01** **941-755-4634**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Daniel J. Sullivan

CR2E034 (10/00)