

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

04-28-2003 90274 029 \*\*\*150.00

**DOCUMENT # P94000024989**

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



**Principal Place of Business**  
**6920 PROFESSIONAL PKWY EAST**  
**SARASOTA FL 34240**  
**US**

**Mailing Address**  
**6920 PROFESSIONAL PKWY EAST**  
**SARASOTA FL 34240**  
**US**



**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** **65-0652125**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**C T 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. 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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	V	<input type="checkbox"/> Delete
NAME	DUNCAN, JOEL	
STREET ADDRESS	6920 PROFESSIONAL PKWY E	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	VHR	<input checked="" type="checkbox"/> Delete
NAME	SIMONSON, MARGE	
STREET ADDRESS	6940 PROFESSIONAL PKWY E	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	PDEO	<input type="checkbox"/> Delete
NAME	COLEMAN, JAMES W	
STREET ADDRESS	6920 PROFESSIONAL PKWY E	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	VRM	<input type="checkbox"/> Delete
NAME	LACY, JOHN	
STREET ADDRESS	6920 PROFESSIONAL PKWY E	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	SULLIVAN, DANIEL J	
STREET ADDRESS	6940 PROFESSIONAL PKWY E	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHUMACHER, MICHELE N	
STREET ADDRESS	40 WANTAGE AVE	
CITY-ST-ZIP	BRANCHILLE NJ 07890	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**941-755-4634**

CR2E034 (10/02)