

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042381

1. Entity Name

TAMPA TECHNICAL INSTITUTE, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90010 027 ***150.00

Principal Place of Business

2410 E. BUSCH BLVD.
TAMPA FL 33612

Mailing Address

~~2410 E. BUSCH BLVD.~~
~~TAMPA FL 33612-0410~~

2. Principal Place of Business

3. Mailing Address

500 E. MARKHAM

Suite, Apt. #, etc.

Suite, Apt. #, etc.

305

City & State

City & State

LITTLE ROCK AR

Zip

Country

Zip

Country

72201

USA

4. FEI Number

59-3317757

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

~~POLMEAR~~
~~PALMER, BILL~~
2410 E. BUSCH BLVD.
TAMPA FL 33612

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS BARNETT, JERALD M JR
CITY-ST-ZIP 2206 COUNTRY CLUB LANE
LITTLE ROCK AR 72207

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

TITLE ☐ Delete
NAME V
STREET ADDRESS HINKLE, ERIN
CITY-ST-ZIP 400 FARR SHORES DRIVE, 10-A
HOT SPRINGS AR 71913

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

TITLE ☐ Delete
NAME V
STREET ADDRESS ROSA, KARON
CITY-ST-ZIP 5201 FAIRWAY
N. LITTLE ROCK AR 72116

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

TITLE ☐ Delete
NAME V
STREET ADDRESS SEELEY, ROBERT
CITY-ST-ZIP 4104 STONEVIEW COURT
LITTLE ROCK AR 72212

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

TITLE ☐ Delete
NAME ST
STREET ADDRESS GOODMAN, SUZETTE S
CITY-ST-ZIP 2518-5 RIVERFRONT DRIVE
LITTLE ROCK AR 72202

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/00

Date

501 376 6300

Daytime Phone #

CR2E034 (9/99)