

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000042381**

1. Entity Name

TAMPA TECHNICAL INSTITUTE, INC.**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90383 048 ***150.00

80056003

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2410 E. BUSCH BLVD. TAMPA FL 33612	Mailing Address 500 E MARKHAM 305 LITTLE ROCK AR 72201
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3317757	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PALMER, BILL 2410 E. BUSCH BLVD. TAMPA FL 33612

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P BARNETT, JERALD M JR
STREET ADDRESS	2206 COUNTRY CLUB LANE
CITY-ST-ZIP	LITTLE ROCK AR 72207
TITLE	<input type="checkbox"/> Delete
NAME	V HINKLE, ERIN
STREET ADDRESS	400 FARR SHORES DRIVE, 10-A
CITY-ST-ZIP	HOT SPRINGS AR 71913
TITLE	<input type="checkbox"/> Delete
NAME	V ROSA, KARON
STREET ADDRESS	5201 FAIRWAY
CITY-ST-ZIP	N. LITTLE ROCK AR 72116
TITLE	<input type="checkbox"/> Delete
NAME	V SEELEY, ROBERT
STREET ADDRESS	4104 STONEVIEW COURT
CITY-ST-ZIP	LITTLE ROCK AR 72212
TITLE	<input type="checkbox"/> Delete
NAME	ST GOODMAN, SUZETTE S
STREET ADDRESS	2518-5 RIVERFRONT DRIVE
CITY-ST-ZIP	LITTLE ROCK AR 72202
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Suzette S. Goodman **4/30/01** **501-376-6301**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)