

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90679 024 ***150.00

DOCUMENT # P95000042381

1. Entity Name

TAMPA TECHNICAL INSTITUTE, INC.

Principal Place of Business

**2410 E. BUSCH BLVD.
 TAMPA FL 33612**

Mailing Address

**500 E MARKHAM
 305
 LITTLE ROCK AR 72201**

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

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

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

FILE NOW!!! FEE IS \$150.00

Tax filing requirement and elects to do so.
 (See criteria on back)

☐

**After May 1, 2002 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 **P** ☐ Delete
 NAME **BARNETT, JERALD M JR**
 STREET ADDRESS **2206 COUNTRY CLUB LANE**
 CITY-ST-ZIP **LITTLE ROCK AR 72207**

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

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

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

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

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

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

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

TITLE **ST** ☐ Delete
 NAME **GOODMAN, SUZETTE S**
 STREET ADDRESS **2518-5 RIVERFRONT DRIVE**
 CITY-ST-ZIP **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:

Suzette S Goodman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 *501.376.6300*
 Date Daytime Phone #

CR2E034 (9/01)