

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90019 013 ***150.00

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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

**PALMER, BILL
2410 E. BUSCH BLVD.
TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
City **PLANTATION** FL Zip Code **33324**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNETT, JERALD M JR 2206 COUNTRY CLUB LANE LITTLE ROCK AR 72207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HINKLE, ERIN 400 FARR SHORES DRIVE, 10-A HOT SPRINGS AR 71913	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSA, KARON 5201 FAIRWAY N. LITTLE ROCK AR 72116	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEELEY, ROBERT 4104 STONEVIEW COURT LITTLE ROCK AR 72212	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOODMAN, SUZETTE S 2518-5 RIVERFRONT DRIVE LITTLE ROCK AR 72202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JACK FORREST 1715 HILLSBOROUGH AVE. LITTLE ROCK, AR 72212	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADDITION

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AND COO PEDRO DE GUZMAN 39 EL DORADO LITTLE ROCK, AR 72212	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHARLES CAMP 2110 N. PALM LITTLE ROCK, AR 72207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY / CFO ROBERT LUTZ 1172 HARBOR RIVER DR. MEMPHIS, TN 38103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WILLIAM POLMEAR 17910 SHELTERED RIGGS LANE TAMPA, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RUTH GREEN PO Box 550 BRANDON, FL 33509-0550	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LYNDA WEY 1912 SHENANDOAH AVE. GRAPEVINE, TX 76051	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 REQUIRED FOR CHANGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tampa Institute, Inc.
Date **4/21/03**

Daytime Phone # **501/235-2209**

CR2E034 (10/02)