

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90325 007 ***150.00

DOCUMENT # P95000079519

1. Entity Name

SELECTIVE HR SOLUTIONS VII, INC.

Principal Place of Business

6414 14TH STREET, WEST
BRADENTON FL 34207

Mailing Address

6414 14TH STREET, WEST
BRADENTON FL 34207

8000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6920 Professional Pkwy E
Suite, Apt. #, etc.

3. Mailing Address

6920 Professional Pkwy E
Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0613508

Applied For

Not Applicable

Zip

Country

34240

Zip

Country

34240

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	VPHR SIMONSON, MARGE 6414 14TH STREET, W. BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRM LACY, JOHN. 6414 14TH STREET, W. BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP ROBERT J. CLANCY 6414 14TH STREET, W. BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUNCAN, JOEL 6414 14TH STREET W BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SULLIVAN, DANIEL J 6414 14TH STREET W BRADENTON FL 34207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6920 Professional Pkwy E Sarasota, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6920 Professional Pkwy E Sarasota, FL 34240
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6920 Professional Pkwy E Sarasota, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cmo Tomlinson, Ray 6920 Professional Pkwy E Sarasota, FL 34240

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(h), 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

Date

Daytime Phone #

CR2E034 (10/00)