

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90040 019 ***150.00

0624458 AV

DOCUMENT # P95000079519

1. Entity Name

SELECTIVE HR SOLUTIONS VII, INC.

Principal Place of Business

Mailing Address

**6920 PROFESSIONAL PKWY E
SARASOTA FL 34240**

**6920 PROFESSIONAL PKWY E
SARASOTA FL 34240**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0613508

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPHR
SIMONSON, MARGE
6920 PROFESSIONAL PKWY E
SARASOTA FL 34240** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MICHELE NIERODA SCHUMACHER
40 WANTAGE AVE
BRANCHVILLE, NJ 07890** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPRM
LACY, JOHN.
6920 PROFESSIONAL PKWY E
SARASOTA FL 34240** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
JAMES W. COLEMAN JR
6920 PROFESSIONAL PKWY E
SARASOTA, FL 34240** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOP
ROBERT J. CLANCY
6920 PROFESSIONAL PKWY E
SARASOTA FL 34240** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DUNCAN, JOEL
6920 PROFESSIONAL PKWY E
SARASOTA FL 34240** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
SULLIVAN, DANIEL J
6920 PROFESSIONAL PKWY E
SARASOTA FL 34240** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CMO
TOMLINSON, RAY
6920 PROFESSIONAL PKWY E
SARASOTA FL 34240** ☒ Delete

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

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

Date

Daytime Phone #

CR2E03 (9/01)