



2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019270

1. Entity Name
SYKES ENTERPRISES, INCORPORATED



FILED
03 JUL 29 AM 8:11
SECRETARY OF STATE



Principal Place of Business
**400 NORTH ASHLEY DRIVE
SUITE 2800
TAMPA FL 33602
US**

Mailing Address
**400 NORTH ASHLEY DRIVE
SUITE 2800
TAMPA FL 33602
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **56-1383460** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City State Zip Code
FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE \$150.00
As of May 1, 2003, the fee will be \$50.00.
File is available 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	PCEO SYKES, JOHN H 100 N TAMPA ST, STE 3900 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 N. ASHLEY DRIVE, STE 2800 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KIPPHUT, W MICHAEL 100 N TAMPA STREET SUITE 3900 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 N. ASHLEY DRIVE, STE 2800 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMS, H PARKS TWO FISRT UNION CENTER, SUITE 150 CHARLOTTE NC 28282 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 S. TRYON STREET, STE 1500 CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOETZ, GORDON H 100 N TAMPA ST, STE 3900 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 N. ASHLEY DRIVE, STE 2800 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILANI, ERNEST J 98 MEADOW BROOD RD NORWELL MA 02061 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800022136788 08/08/03--01002--002 **450.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLINTOCK-GRECO, LINDA 6208 EMMONS LANE TAMPA FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 **4/15/03** (813) 470-3367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/7/30