

2000 UNIFORM BUSINESS REPORT (UBR)

3/14/00-90212-040-\$150.00-\$150.00

DOCUMENT # P98000008865

1. Entity Name

Placement Partners International Inc.

FILED

00 APR -3 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

11300 4TH ST. N., SUITE 200
ST. PETERSBURG FL 33716

11300 4TH ST. N., SUITE 200
ST. PETERSBURG FL 33716-2940

2. Principal Place of Business

3. Mailing Address

1101 West Swann Ave
Suite, Apt. #, etc.

1101 W. Swann Ave
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33606

Country

USA

Zip

33606

Country

USA

4. FEI Number

59-3489696

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

SEMBLER, M. STEVEN
11300 4TH ST. N., SUITE 200
ST. PETERSBURG FL 33716

Name

Pamela J. Stross

Street Address (P.O. Box Number is Not Acceptable)

1101 West Swann Ave

City

Tampa

FL

Zip Code

33606

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]

Pamela J. Stross, President

3/12/00

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, 2000 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	D	☒ Delete
NAME	SEMBLER, M. STEVEN	
STREET ADDRESS	11300 4TH ST. N., SUITE 200	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	P/D	☐ Delete
NAME	Pamela J. Stross	
STREET ADDRESS	1101 W. Swann Ave	
CITY-ST-ZIP	Tampa FL 33606	
TITLE	V/P D	☐ Delete
NAME	Sandra K. Holst	
STREET ADDRESS	1101 West Swann Ave	
CITY-ST-ZIP	Tampa FL 33606	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Pamela J. Stross Pres

Date

Daytime Phone #

(813) 258-9520

CR2E034 (9/99)