

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90047 009 ***158.75

DOCUMENT # P98000008865

1. Entity Name

PLACEMENT PARTNERS INTERNATIONAL, INC.

Principal Place of Business

**1101 WEST SWANN AVENUE
TAMPA FL 33606**

Mailing Address

**1101 WEST SWANN AVENUE
TAMPA FL 33606**

2. Principal Place of Business

Please Note our New Address and Tampa

Suite, Apt. #, etc.

Telephone Numbers:

4350 West Cypress Street, Ste 102

City & State

Tampa, FL 33607

Telephone: (813)872-1855

Zip

Fax: (813)872-1845

Country

4. FEI Number

59-3489696

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

STROSS, PAMELA J

1101 WEST SWANN AVENUE

TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

Pamela J. Stross

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

4350 West Cypress St

Ste 102

City

Tampa

FL

Zip Code

33607

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]
Signature, typed or printed name of registered agent and title if applicable.

Pamela J. Stross

(NOTE: Registered Agent signature required when reinstating)

1/12/02

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

TITLE **PD** ☐ Delete
NAME **STROSS, PAMELA J**
STREET ADDRESS **1101 W. SWANN AVENUE** **4350 West Cypress**
CITY-ST-ZIP **TAMPA FL 33606** **Ste 102**

TITLE ☐ Delete
NAME **Tampa**
STREET ADDRESS **FL 33607**
CITY-ST-ZIP

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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] **Pamela J. Stross**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)