

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90473 031 \*\*\*150.00

UBR03424

**DOCUMENT # 304456**

1. Entity Name  
**TSI, INC.**

Principal Place of Business

Mailing Address

~~36 JEFFERSON AVE~~  
 % WILLIAM JAMES PILLMORE  
~~PONTE VEDRA BCH FL 32082~~

~~36 JEFFERSON AVE~~  
 % WILLIAM JAMES PILLMORE  
~~PONTE VEDRA BCH FL 32082~~

2. Principal Place of Business

3. Mailing Address

**289 St. George St.**  
 Suite, Apt. #, etc.

**289 St. George St.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**St. Augustine FL**

City & State  
**St. Aug. FL**

4. FEI Number **59-1118525**

Applied For  
 Not Applicable

Zip  
**32084**

Country  
**ST. Johns**

Zip  
**32084**

Country  
**ST. Johns**

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

**PILLMORE, WILLIAM JAMES**  
~~36 JEFFERSON AVE~~  
~~PONTE VEDRA BCH FL 32082~~

Name   
 Street Address (P.O. Box Number is Not Acceptable)  
**289 ST. GEORGE ST.**

City **St. Augustine** **FL** Zip Code **32084**

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 *William Pillmore*

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

(NOTE: Registered Agent signature required when reinstating)

**3/7/01**  
 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  Delete  
 NAME **PILLMORE, WILLIAM J.**  
 STREET ADDRESS **36 JEFFERSON AVE. 289. ST GEORGE ST**  
 CITY-ST-ZIP **PONTE VEDRA BCH FL ST Aug. FL 32084**

TITLE  Change  Addition  
 NAME **SAME**  
 STREET ADDRESS **289 ST. GEORGE ST.**  
 CITY-ST-ZIP **ST. Augustine, FL 32084**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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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: *William Pillmore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/01**

Date

**904 824 0684**

Daytime Phone #

CR2E034 (10/00)