

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K82032

1. Entity Name

TECHNICAL SURVEILLANCE SCIENCES, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90132 016 \*\*\*158.75

Principal Place of Business

Mailing Address

% DEANNE L GENTILE  
2940 S W 22ND AVE #718  
DELRAY BEACH FL 33445-7806

% DEANNE L GENTILE  
2940 S W 22ND AVE #718  
DELRAY BEACH FL 33445-7806

2. Principal Place of Business

3. Mailing Address

3960 NW 108 AVE

Suite, Apt. #, etc.

PO Box 9323

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
CORAL SPRINGS, FL

City & State  
CORAL SPRINGS, FL

4. FEI Number 65-0139140

Applied For  
Not Applicable

Zip  
33065

Country  
USA

Zip  
33075

Country  
USA

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

GENTILE, DEANNE L.  
2940 S W 22ND AVENUE  
#718  
DELRAY BEACH FL 33445

Name

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

3960 NW 108 AVE

City CORAL SPRINGS FL Zip 33065

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 *Deanne L Gentile*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/2000

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 PTD ☐ Delete  
NAME BARRETT, DAVID  
STREET ADDRESS 3960 NW 108TH AVE.  
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE P ☐ Delete  
NAME GENTILE, DEANNE L  
STREET ADDRESS 2940 SW 22 AVENUE #718  
CITY-ST-ZIP DELRAY BCH FL 33445

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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

Date

Day Month Year

*Deanne L Gentile* DEANNE L GENTILE 4/10/2000 05/1/344-95

CR2E034 (9/99)