

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91585 025 \*\*\*158.75

**DOCUMENT #** 287501  
**1. Entity Name**  
 TSE INDUSTRIES, INC.

**Principal Place of Business**  
 5260 113th Avenue North  
 PO Box 17225  
 Clearwater FL 33760  
 US

**Mailing Address**  
 4370 112th Terrace North  
 Clearwater FL 33762-4902  
 US

A0070276

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

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Klingel, Robert R  
 5260 113th Avenue North  
 Clearwater FL 33760

**4. FEI Number** 59-1089552  
 Applied For Not Applicable

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

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

**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** \_\_\_\_\_ (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, 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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	Klingel, Robert R	
STREET ADDRESS	15530 Gulf Blvd	
CITY-ST-ZIP	Redington Beach FL 33708	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	Klingel, Helen A	
STREET ADDRESS	PO Box 130 N/A	
CITY-ST-ZIP	Morriston FL 32688	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Klingel, Diane M	
STREET ADDRESS	15530 Gulf Blvd	
CITY-ST-ZIP	Redington Beach FL 33708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Tottle, David J	
STREET ADDRESS	5044 Kilkenney Court	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mirra, Louis J	
STREET ADDRESS	13799 Park Blvd. #157	
CITY-ST-ZIP	Seminole, FL 33776	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephens, William D	
STREET ADDRESS	2866 Chancery Lane	
CITY-ST-ZIP	Clearwater FL 33759	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reese, Gary A	
STREET ADDRESS	1124 Hounds Run	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**  **Robert R. Klingel** **4/25/01** **727-573-7676**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)