

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90192 036 \*\*\*150.00

0625796 AT

**DOCUMENT # F00000000469**

1. Entity Name

**TSI MANAGEMENT CORPORATION**



Principal Place of Business  
**3440 OAKCLIFF ROAD, SUITE 104  
ATLANTA GA 30340**

Mailing Address  
**3440 OAKCLIFF ROAD, SUITE 104  
ATLANTA GA 30340**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2213418**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REESE, STUART  
416 EAST GEORGIA STREET  
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	INGRAM, PHILLIP M	
STREET ADDRESS	515 FARTHINGALE CT.	
CITY-ST-ZIP	ALPHARETTA GA 30022	
TITLE	VC	<input type="checkbox"/> Delete
NAME	MCGOVERN, MICHAEL	
STREET ADDRESS	5910 LONG ISLAND DR., NW	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	D	<input type="checkbox"/> Delete
NAME	UPCHURCH, HOWELL	
STREET ADDRESS	2710 BROOK PARK WAY	
CITY-ST-ZIP	DORAVILLE GA 30340	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LOGAN, DAVID N	
STREET ADDRESS	155 HUNTERS COVE	
CITY-ST-ZIP	ROSWELL GA 30076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

4-21-03

770-220-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)