

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000000656**

Entity Name

TSF RESEARCH INC.**FILED****Apr 17, 2000 8:00 am**
Secretary of State

04-17-2000 90081 028 ***150.00

Principal Place of Business

Mailing Address

THIRD ST.
STAMFORD CT 06905**16 THIRD ST.**
STAMFORD CT 10165-0899

Principal Place of Business

483 E ALEXANDER PALM RD

3. Mailing Address

483 E ALEXANDER PALM RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. FEI Number

13-3576293

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ROSE, SHELDON
8990 WEMBLEY COURT
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

OFFICERS AND DIRECTORS

LE ☐ Delete
ME
REET ADDRESS
Y-ST-ZIP
PD
ROSE, STEVEN H
5080 NORTH OCEAN DRIVE UNIT 10A
SINGER ISLAND FL 33404-2640LE ☐ Delete
ME
REET ADDRESS
Y-ST-ZIP
VS
ROSE, RICKI
5080 NORTH OCEAN DRIVE UNIT 10A
SINGER ISLAND FL 33404-2640LE ☐ Delete
ME
REET ADDRESS
Y-ST-ZIPLE ☐ Delete
ME
REET ADDRESS
Y-ST-ZIPLE ☐ Delete
ME
REET ADDRESS
Y-ST-ZIPLE ☐ Delete
ME
REET ADDRESS
Y-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 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

Steven Rose, President 4/10/00 561-75
Date Daytime Phone # **74,**