

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90095 026 ***150.00

DOCUMENT # F98000002412

1. Entity Name
TTSI III, INC.

Principal Place of Business

**1828 EVANS AVE
 FORT MYERS FL 33901**

Mailing Address

**333 N SAM HOUSTON PKWY E
 STE 200
 HOUSTON TX 77060**

2. Principal Place of Business

12626 HANCOCK RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLERMONT, FL

Zip

Country

Zip

Country

34711

4. FEI Number

95-4681558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 E. PARK AVE.
 TALLAHASSEE FL 32301**

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

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

(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, 2002 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 **CEO** ☒ Delete
 NAME **RHODES, S. KEATING**
 STREET ADDRESS **1525 BINZ**
 CITY-ST-ZIP **HOUSTON TX 77004**

TITLE **CEO** ☒ Change ☐ Addition
 NAME **RHODES, KEATING**
 STREET ADDRESS **1525 BINZ**
 CITY-ST-ZIP **HOUSTON, TX 77004**

TITLE **VP** ☐ Delete
 NAME **BEACH, JOHN**
 STREET ADDRESS **333 N SAM HOUSTON PKWY E STE 200**
 CITY-ST-ZIP **HOUSTON TX 77066**

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

TITLE **VP** ☐ Delete
 NAME **LINDGREN, MEVIN**
 STREET ADDRESS **25810 CLEAR SPRINGS**
 CITY-ST-ZIP **SPRING TX 77066**

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

TITLE **SRVP** ☐ Delete
 NAME **DUFRESNE, GARY**
 STREET ADDRESS **7254 HANSEN DRIVE**
 CITY-ST-ZIP **DUBLIN CA 94568**

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

TITLE **CSVP** ☐ Delete
 NAME **DUNN, TODD**
 STREET ADDRESS **15 DAY LILY PLACE**
 CITY-ST-ZIP **THE WOODLANDS TX 77381**

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

TITLE **VC** ☒ Delete
 NAME **MARSHALL, ELIZABETH**
 STREET ADDRESS **211 MAGIC OAKS**
 CITY-ST-ZIP **SPRING TX 77388**

TITLE ☐ Change ☒ Addition
 NAME **VICCHARELLI, MIKE**
 STREET ADDRESS **31 BIRDIE LANE**
 CITY-ST-ZIP **SEWELL, NJ 08080**

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: **X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TODD DUNN

4/18/02

Date

(281) 716-2057

Daytime Phone #

CR2E034 (9/01)