

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002413

1. Entity Name

TTSI II, INC.

Principal Place of Business

1407 SW 8TH ST
POMPANO BEACH FL 33069

Mailing Address

333 N SAM HOUSTON PKWY E
STE 200
HOUSTON TX 77060-2403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-4681564

Applied For

Not Applicable

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

NRAI SERVICES, INC.
526 E. PARK AVE.
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.

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, 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	DPCE	<input checked="" type="checkbox"/> Delete
NAME	MC FALL, GEORGE	
STREET ADDRESS	333 N SAM HOUSTON PKWY E.,	
CITY-ST-ZIP	HOUSTON TX 77060	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, ALBERT F	
STREET ADDRESS	10652 E SAN SALVADOR	
CITY-ST-ZIP	SCOTTSDALE AZ 85258	
TITLE	RV	<input checked="" type="checkbox"/> Delete
NAME	WARE, KEITH	
STREET ADDRESS	7928 FERN LEAF DR	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	VCOD	<input type="checkbox"/> Delete
NAME	FERGUSON, GROVER	
STREET ADDRESS	333 N SAM HOUSTON PKWY E.,	
CITY-ST-ZIP	HOUSTON TX 77060	
TITLE	VCFT	<input checked="" type="checkbox"/> Delete
NAME	WALTHER, GARY	
STREET ADDRESS	333 N SAM HOUSTON PKWY E.,	
CITY-ST-ZIP	HOUSTON TX 77060	
TITLE	VC	<input type="checkbox"/> Delete
NAME	MARSHALL, ELIZABETH	
STREET ADDRESS	333 N SAM HOUSTON PKWY E.,	
CITY-ST-ZIP	HOUSTON TX 77060	

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S. KEATING RHODES	
STREET ADDRESS	2071 RACQUET HILL	
CITY-ST-ZIP	SANTA ANA, CA 92705	
TITLE	VP AND SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK DRANE	
STREET ADDRESS	320 ALDENSHIRE PL.	
CITY-ST-ZIP	ATLANTA, GA 30350	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED HEREDIA	
STREET ADDRESS	6330 NW 77TH COURT	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO, SR VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD DUNN	
STREET ADDRESS	15 DAY LILY PLACE	
CITY-ST-ZIP	THE WOODLANDS, TX 77381	
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: x

ELIZABETH MARSHALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/00
Date

(281) 716-2057
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)