

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90007 023 ***150.00

DOCUMENT # F98000002413

1. Entity Name
TTSI II, INC.

Principal Place of Business

Mailing Address

1407 SW 8TH ST
 POMPAHO BEACH FL 33069

333 N SAM HOUSTON PKWY E
 STE 200
 HOUSTON TX 77060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-4681564**

Applied For
 Not Applicable

Zip

Country

Zip

Country

HARRIS

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, 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 **CEO** ☐ Delete
 NAME **RHODES, S K**
 STREET ADDRESS **2071 RACOUET HILL**
 CITY-ST-ZIP **SANTA ANA CA 92705**

TITLE **VPS** ☒ Delete
 NAME **DRANE, FRANK**
 STREET ADDRESS **320 ALDENSHIRE PL**
 CITY-ST-ZIP **ATLANTA GA 30350**

TITLE **VP** ☒ Delete
 NAME **HEREDIA, FRED**
 STREET ADDRESS **6330NW 77TH COURT**
 CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **VCOD** ☒ Delete
 NAME **FERGUSON, GROVER**
 STREET ADDRESS **333 N SAM HOUSTON PKWY E,**
 CITY-ST-ZIP **HOUSTON TX 77060**

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

TITLE **VC** ☐ Delete
 NAME **MARSHALL, ELIZABETH**
 STREET ADDRESS **333 N SAM HOUSTON PKWY E,**
 CITY-ST-ZIP **HOUSTON-TX 77060**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **1525 BMW 2**
 STREET ADDRESS **HOUSTON, TX 77004**

TITLE **VP** ☐ Change ☒ Addition
 NAME **JOHN BEACH**
 STREET ADDRESS **333 N SAM HOUSTON PKWY E STE 200**
 CITY-ST-ZIP **HOUSTON, TX 77060**

TITLE **VP** ☐ Change ☒ Addition
 NAME **KEVIN LINDGREN**
 STREET ADDRESS **25810 CLEAR SPRINGS**
 CITY-ST-ZIP **SPRING, TX 77066**

TITLE **SR VP** ☐ Change ☒ Addition
 NAME **GARY DUFRESNE**
 STREET ADDRESS **7254 HANSEN DRIVE**
 CITY-ST-ZIP **DUBLIN, CA 94568**

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

TITLE ☒ Change ☐ Addition
 NAME **211 MAGIC OAKS**
 STREET ADDRESS **SPRING, TX 77388**
 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TODD DUNN

4/20/01

Date

(281) 716-2057

Daytime Phone #

CR2E034 (10/00)



Attachment
AD 13765

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 15, 2001

TTSI II, INC.
333 N SAM HOUSTON PKWY E
STE 200
HOUSTON, TX 77060

Subject: TTSI II, INC.

Reference
Number:

F98000002413

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION