

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G37314**

1. Entity Name
T.S.I. OF ORMOND, INC.

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91469 044 ***150.00

Principal Place of Business
1024 S. NOVA ROAD
ORMOND BEACH FL 32174-7341

Mailing Address
1024 S. NOVA ROAD
ORMOND BEACH FL 32174-7341



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2416689**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHEESBRO, GORDON P.
1024 S. NOVA ROAD
ORMOND BEACH FL 32174

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 _____ (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
NAME **PD**
STREET ADDRESS **CHEESBRO, GORDON**
CITY-ST-ZIP **1024 S. NOVA ROAD**
ORMOND BCH, FL 00000

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

TITLE
NAME **STD**
STREET ADDRESS **THOMPSON, MARTI M**
CITY-ST-ZIP **284 S ORCHARD ST**
ORMOND BCH, FL 00000

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

TITLE
NAME **VP**
STREET ADDRESS **BAYLIFF, KEVIN**
CITY-ST-ZIP **1024 S NOON RD**
ORMAON BEACH FL

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

TITLE
NAME **VP**
STREET ADDRESS **VEEN, JOHN**
CITY-ST-ZIP **1024 S NOON RD**
ORMOND BEACH FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02 (386) 677-9175

Date

Daytime Phone #

CR2E034 (9/01)