

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90097 008 ***150.00

DOCUMENT # J22599

1. Entity Name

TECHNICAL SUPPORT SERVICES, INC.

Principal Place of Business

% STEPHEN G. WILLIAMS
 14082 LEEWARD WAY
 PALM BEACH GARDENS FL 33410

Mailing Address

% STEPHEN G. WILLIAMS
 14082 LEEWARD WAY
 PALM BEACH GARDENS FL 33410

2. Principal Place of Business

714 NORTHLAKE COURT

Suite, Apt. #, etc.

APT 110

City & State

NORTH PALM BEACH, FL

Zip

33408

Country

U.S.A

3. Mailing Address

714 NORTHLAKE COURT

Suite, Apt. #, etc.

APT 110

City & State

NORTH PALM BEACH, FL

Zip

33408

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2628457**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, RICHARD J
14082 LEEWARD WAY
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name **NELSON, RICHARD J.**
 Street Address (P.O. Box Number is Not Acceptable)
714 NORTHLAKE COURT #110

City **NORTH PALM BEACH** **FL** Zip Code **33408**

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 *Richard J. Nelson*

4/26/01

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	PD	<input type="checkbox"/> Delete
NAME	NELSON, RICHARD J.	
STREET ADDRESS	1408 LEEWARD WAY	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	NELSON, VIRGINIA	
STREET ADDRESS	14082 LEEWARD WAY	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, VIRGINIA	
STREET ADDRESS	14082 LEEWARD WAY	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1ST VICE-PRESIDENT/TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL J. NELSON	
STREET ADDRESS	714 NORTHLAKE COURT #110	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	2ND VICE-PRESIDENT/SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERALD C. NELSON	
STREET ADDRESS	714 NORTHLAKE COURT #110	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Richard J. Nelson* **RICHARD J. NELSON** *4/26/01* **494-2480**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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