

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J99465

1. Entity Name

TECH SOURCE, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90280 012 \*\*\*150.00

Principal Place of Business

Mailing Address

442 S. NORTH LAKE BLVD. 1008  
 ALTAMONTE SPRINGS FL 32701

442 S. NORTH LAKE BLVD. 1008  
 ALTAMONTE SPRINGS FL 32701-5244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2860843

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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

Name

Susan D. Cooper

Street Address (P.O. Box Number is Not Acceptable)

Tech-Source Inc.

442 S. North Lake Blvd. #1008

City

Altamonte Springs

FL

Zip Code

32701

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

JOSEPH D. LAMM

(NOTE: Registered Agent signature required when reinstating)

4/24/00

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	PDC	<input type="checkbox"/> Delete
NAME	LAMM, JOSEPH D.	
STREET ADDRESS	442 S. N LAKE BLVD #1008	
CITY-ST-ZIP	ALTAMONTE SPRG. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEAL, EDWARD	
STREET ADDRESS	442 S. N LAKE BLVD #1008	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TOBIAS, MICHAEL J	
STREET ADDRESS	442 S NORTH LK BLVD 1008	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENDFELT, RICHARD E	
STREET ADDRESS	442 S. NORTH LAKE BLVD, #1008	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Rajendra K. Gupta	
STREET ADDRESS	442 S. North Lake Blvd.	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	D	<input type="checkbox"/> Delete
NAME	John B. Cottrill	
STREET ADDRESS	442 S. North Lake Blvd.	
CITY-ST-ZIP	Altamonte Springs, FL 32701	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DSV	<input checked="" 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	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH D. LAMM

4/24/00

Date

407-262-7100

Daytime Phone #

CR2E034 (9/99)