

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90146 022 ***158.75

DOCUMENT # K82032

1. Entity Name
TECHNICAL SURVEILLANCE SCIENCES, INC.

Principal Place of Business

% DEANNE L. GENTILE
3960 NW 108 AVE
CORAL SPRINGS FL 33065

Mailing Address

% DEANNE L. GENTILE
P O BOX 9323
CORAL SPRINGS FL 33075

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 65-0139140

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GENTILE, DEANNE L.
3960 NW 108 AVE
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

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, 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BARRETT, DAVID	
STREET ADDRESS	3960 NW 108TH AVE.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	P/T	<input type="checkbox"/> Delete
NAME	GENTILE, DEANNE L.	
STREET ADDRESS	2940 SW 22 AVENUE #718	
CITY-ST-ZIP	DELRAY BCH FL 33445	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barrett, David	
STREET ADDRESS	3960 NW 108 AVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCOY, PEG	
STREET ADDRESS	2481 Twp Road, 169	
CITY-ST-ZIP	CARDINGTON, OH 43315	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wiggins, Laurie	
STREET ADDRESS	2243 E. Hogan Hollow	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gentile, Deanne L.	
STREET ADDRESS	2940 SW 22 AVENUE, #718	
CITY-ST-ZIP	DELRAY BCH, FL 33445	
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:

Deanne L. Gentile President 2/4/02 (954) 344-9300

Date

Daytime Phone #

CR2E034 (9/01)