

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040949

1. Entity Name

PROFESSIONAL TECHNICAL SOLUTIONS, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90072 022 ***158.75

0075839

Principal Place of Business

4528 S SHORE ROAD
ORLANDO FL 32839

Mailing Address

4528 S SHORE ROAD
ORLANDO FL 32839

2. Principal Place of Business

988 Woodcock Road

3. Mailing Address

988 Woodcock Road

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32803

Country

USA

Zip

32803

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEL Number

59-3646779

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

FOREMAN, RICHARD D
4528 S SHORE ROAD
ORLANDO FL 32839

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, 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 D
NAME FOREMAN, RICHARD D
STREET ADDRESS 4528 S SHORE ROAD
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
NAME FOREMAN, RICHARD D
STREET ADDRESS 4528 S SHORE ROAD
CITY-ST-ZIP ORLANDO, FL 32839 ☒ Change ☐ Addition

TITLE V/D
NAME ALBERT C. BAILEY
STREET ADDRESS 3916 STONEHAVEN Rd
CITY-ST-ZIP ORLANDO, FL 32817 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
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: Richard D. Foreman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD D. FOREMAN

Date

4-27-01

Daytime Phone #

407-894-4228

CR2E034 (10/00)