

Jun. 24. 2002 10:03AM ALFONSO & OHALL, P.A.
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

07-01-2002 90352 027 ***150.00

DOCUMENT # P0000 00 43200

1. Entity Name

TECHNICAL SUPPORT RESOURCES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15350 AMBLEY DR.

Suite, Apt. #, etc.

1823

City & State

TAMPA, FL

Zip

33647

Country

U.S.A

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3642894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SUZETTE M. ALFONSO, ESQ.

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

309 W. MLK, JR. BLVD.

TAMPA FL

City

FL

Zip 33603

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 date of application.

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

10. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRES./DIR.
NAME FRANK E. SANKUS
STREET ADDRESS 15350 AMBLEY DR. #1823
CITY-ST-ZIP TAMPA, FL 33647

TITLE V.P./DIR.
NAME JEFFREY L. SANKUS
STREET ADDRESS 15350 AMBLEY DR. #1823
CITY-ST-ZIP TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Print Name

6/22/02 813866-1030

6-22-02

Attached
#P0000043200
118774

Dear Sir or madam,

I have moved recently and never received my UBR Form. In speaking with my attorney this morning, she informed me that it had not yet been filed, but needs to be filed immediately.

My sincere apologies for the delay in filing. I'm including the report and my \$150.00 filing fee.

Also, I believe you need a change of address. My company's name and TAX ID are: Technical Support Resources, Inc.
~~\$59-3642894~~

previous address: 16401 Meadow Crossing Dr
Tampa, FL 33647

new address
& daytime phone: 15350 Amberly Drive #1823
Tampa, FL 33647
813-866-1030

I appreciate your attention to this matter.

Sincerely,

Jim Siskin