

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90008 004 ***150.00

DOCUMENT # P00000046581

1. Entity Name

TECHNICAL COMPONENT SALES, INC.

Principal Place of Business

**387 S. SHORE DR.
DESTIN FL 32550**

Mailing Address

**387 S. SHORE DR.
DESTIN FL 32550**

2. Principal Place of Business

155 WALNUT ST

Suite, Apt. #, etc.

3. Mailing Address

155 WALNUT ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SANTA ROSA BEACH, FL

City & State
SANTA ROSA BEACH, FL

4. FEI Number **58-3648440**

Applied For
Not Applicable

Zip
32459

Country
WALTON

Zip
32459

Country
WALTON

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

**SHUPE, RICHARD D
387 S. SHORE DR.
DESTIN FL 32541**

Name

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

155 WALNUT ST.

City **SANTA ROSA BEACH**

FL

Zip Code **32459**

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 D. Shupe** **RICHARD D. SHUPE**

2-27-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SHUPE, RICHARD D**
STREET ADDRESS **387 S. SHORE DRIVE**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **155 WALNUT ST**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 D. Shupe** **RICHARD D. SHUPE**

2-27-02 **850 267-9942**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (9/01)