

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90994 043 ***150.00

DOCUMENT # P0000060206
1. Entity Name
TECHNOLOGY SOLUTIONS GROUP, INC.

Principal Place of Business
6639 SOUTHPOINT PARKWAY
SUITE 104
JACKSONVILLE, FL 32216

Mailing Address

(SAME)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3653415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

J. PATRICK LEMON
6639 SOUTHPOINT PARKWAY, #104
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name

Brian G. Barnes

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

6639 SOUTHPOINT PARKWAY, #104

City

JACKSONVILLE

FL

Zip Code

32216

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

Brian G. Barnes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/01

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 CPD ☐ Delete
NAME STEMMLE, DENNIS K.
STREET ADDRESS 6639 SOUTHPOINT PARKWAY, #104
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE DV ☐ Delete
NAME BARNES, BRIAN G.
STREET ADDRESS 6639 SOUTHPOINT PARKWAY, #104
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE S ☐ Delete
NAME HALL, ROBERT G.
STREET ADDRESS 6639 SOUTHPOINT PARKWAY #104
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Robert G. Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

(904) 296-7444

Daytime Phone #

CR2E034 (11/00)