

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

0016280 AV

DOCUMENT # P00000109440

1. Entity Name

TNT PROFESSIONAL SOFTWARE, INC.

Principal Place of Business

**1071 PORT MALABAR BLVD., N.E.
 PALM BAY FL 32905**

Mailing Address

**1071 PORT MALABAR BLVD., N.E.
 PALM BAY FL 32905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 106

Suite, Apt. #, etc.

SUITE 106

City & State

City & State

Zip

Country

Zip

Country

4. EI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KANANACK, WILLIAM J ESQ.
 1901 S. HARBOR CITY BLVD., STE. 600
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name

ROBERT J. BROWN

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

1071 PORT MALABAR BLVD, SUITE 106

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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** ☐ Delete
 NAME **CHURCH, DAVID**
 STREET ADDRESS **1071 PORT MALABAR BLVD., N.E.**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **D** ☐ Delete
 NAME **BROWN, ROBERT**
 STREET ADDRESS **1071 PORT MALABAR BLVD., N.E.**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **D** ☐ Delete
 NAME **GREENBERG, MITCHELL**
 STREET ADDRESS **1071 PORT MALABAR BLVD., N.E.**
 CITY-ST-ZIP **PALM BAY FL 32905**

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 **VP** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S.T** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/2001

Date

321-724-1706

Daytime Phone #

CR2E034 (5/01)