

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90853 030 \*\*\*150.00

DOCUMENT # P00000109440

1. Entity Name  
TNT PROFESSIONAL SOFTWARE, INC.



Principal Place of Business  
1071 PORT MALABAR BLVD., N.E.  
SUITE 106  
PALM BAY FL 32905

Mailing Address  
1071 PORT MALABAR BLVD., N.E.  
SUITE 106  
PALM BAY FL 32905

10026071



2. Principal Place of Business  
1920 S. BASCOCK ST  
Suite, Apt. #, etc.

3. Mailing Address  
1920 S. BASCOCK ST  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
MELBOURNE FL  
Zip  
32901  
Country  
USA

City & State  
MELBOURNE FL  
Zip  
32901  
Country  
USA

4. FEI Number  
59-3715224 NOT APPLICABLE  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ROBERT J  
1071 PORT MALABAR BLVD., N.E.  
SUITE 106  
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name  
MICHAEL H. KAHN  
Street Address (P.O. Box Number is Not Acceptable)  
482 N. HARBOR CITY BLVD.  
City  
MELBOURNE FL Zip Code  
32935

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
Michael Kahn

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	CHURCH, DAVID	
STREET ADDRESS	1071 PORT MALABAR BLVD., N.E.	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BROWN, ROBERT	
STREET ADDRESS	1071 PORT MALABAR BLVD., N.E.	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	P	<input type="checkbox"/> Delete
NAME	GREENBERG, MITCHELL	
STREET ADDRESS	1071 PORT MALABAR BLVD., N.E.	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

1/13/2003

Date

321-722-0222

Daytime Phone #

CR2E034 (10/02)