

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90021 014 ***158.75

DOCUMENT # P01000023151

1. Entity Name
MTS TECHNICAL SUPPORT, INC.



Principal Place of Business
**2255 VERMONT ST
MELBOURNE FL 32904**

Mailing Address
**PO BOX 372453
SATELLITE BEACH FL 32-9374**



2. Principal Place of Business

1402 Hwy A1A

3. Mailing Address

Suite, Apt. #, etc.

City & State

Suite, Apt. #, etc.

Suite A

Satellite Beach, FL

Zip
32937

Country
USA

Zip

Country

4. FEI Number
65-1083167

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GLOGER, JACKIE P
2255 VERMONT ST
MELBOURNE FL 32904**

7. Name and Address of New Registered Agent

Name
JACKIE P. GLOGER
Street Address (P.O. Box Number is Not Acceptable)
1402 Hwy A1A Suite A
City
Satellite Beach **FL** Zip Code
32937

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 **Jackie P. Gloger**
Signature, typed or printed name of registered agent and true if applicable.

Jackie P. Gloger
(NOTE: Registered Agent signature required when reinstating)

1/2/03
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 **D** ☐ Delete
NAME **GLOGER, DAN R**
STREET ADDRESS **2255 VERMONT ST**
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **DP** ☐ Delete
NAME **GLOGER, JACKIE P**
STREET ADDRESS **2255 VERMONT ST**
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/VP** ☒ Change ☐ Addition
NAME **Gloger Sr, Dan R**
STREET ADDRESS **1402 Hwy A1A, Suite A**
CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE **D/P** ☒ Change ☐ Addition
NAME **Gloger, Jackie P**
STREET ADDRESS **1402 Hwy A1A, Suite A**
CITY-ST-ZIP **Satellite Beach, FL 32937**

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

TITLE ☐ Change ☐ 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: **Jackie P. Gloger, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/03 **321-777-8487**
Date Daytime Phone #

CR2E034 (10/02)