

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90442 011 \*\*\*158.75

DOCUMENT # P01000121142

1. Entity Name

TSA, INC.



Principal Place of Business

6 GRANADA ST.  
ST. AUGUSTINE FL 32084

Mailing Address

6 GRANADA ST.  
ST. AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

470874918

APPLIED FOR

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

BOLES, JOSEPH L JR  
19 RIBERIA ST.  
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

SANDY B. CRAIG

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

416 GRANADA ST.

City

ST. AUGUSTINE

FL

Zip Code

32084

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

*Sandy Craig*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/03

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: DIR  
NAME: CRAIG, SANDY B  
STREET ADDRESS: P. O. BOX 528  
CITY-ST-ZIP: ST. AUGUSTINE FL 32085 ☐ Delete

TITLE: S  
NAME: PONCE, CHARLES F JR  
STREET ADDRESS: P. O. BOX 528  
CITY-ST-ZIP: ST. AUGUSTINE FL 32085 ☐ Delete

TITLE: P  
NAME: VAZQUEZ, EVELYN L  
STREET ADDRESS: P. O. BOX 528  
CITY-ST-ZIP: ST. AUGUSTINE FL 32085 ☐ Delete

TITLE: VP  
NAME: PONCE, KIMBER L  
STREET ADDRESS: P. O. BOX 528  
CITY-ST-ZIP: ST. AUGUSTINE FL 32085 ☐ Delete

TITLE: T  
NAME: PONCE, KAREN S  
STREET ADDRESS: P. O. BOX 528  
CITY-ST-ZIP: ST. AUGUSTINE FL 32085 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

*Sandy Craig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/03

Date

Daytime Phone #

904.825.0087

CR2E034 (10/02)