

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90085 024 ***150.00

DOCUMENT # P02000096870

1. Entity Name
TECHNOLOGY SUPPORT SERVICES, INC.



Principal Place of Business
**4626 8TH AVE. N.
ST. PETERSBURG FL 33713
US**

Mailing Address
**4626 8TH AVE. N.
ST. PETERSBURG FL 33713
US**



2. Principal Place of Business

3. Mailing Address

P.O. BOX 10291

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

4. FEI Number

37-1441100

Applied For

Not Applicable

Zip

Country

33733

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PINCKLEY, MATTHEW G
4626 8TH AVE. N.
ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

GREGORY D. STEINIG

351 DAVENANT AVE NE

ST. PETERSBURG

FL

33702

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CIO PINCKLEY, MATTHEW G 4626 8TH AVE. N. ST. PETERSBURG FL 33713 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COO STEINIG, GREGORY 4626 8TH AVE. N. ST. PETERSBURG FL 33713 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CMO BUCK, THOMAS 4626 8TH AVE. N. ST. PETERSBURG FL 33713 | <input checked="" type="checkbox"/> Delete |
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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 or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/03 727-323-0500

CR2E034 (10/02)