

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90016 018 \*\*\*150.00

**DOCUMENT # P94000014126**

1. Entity Name  
**TPI CONSULTING SERVICES, INC.**

**C0023533**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8420 ULMERTON ROAD SUITE 408 LARGO FL 34641	Mailing Address 8420 ULMERTON ROAD SUITE 408 LARGO FL 34641
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2. Principal Place of Business <b>2490 HERON TERRACE</b> Suite, Apt. #, etc. <b>F103</b> City & State <b>CLEARWATER</b>	3. Mailing Address <b>2490 HERON TERRACE</b> Suite, Apt. #, etc. <b>F103</b> City & State <b>CLEARWATER</b>
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4. FEI Number <b>59-3225667</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Country <b>FLORIDA</b>	Zip <b>33762</b>	Country <b>FLORIDA</b>	Zip <b>33762</b>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>
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6. Name and Address of Current Registered Agent  
**THOMPSON, HERBERT**  
**8420 ULMERTON ROAD SUITE 408**  
**LARGO FL 33771**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2490 HERON TERRACE**  
**F103**  
 City  
**CLEARWATER** **FL** Zip Code  
**33762**

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 *Herbert Thompson* *HERBERT THOMPSON* DATE *2/18/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PSD THOMPSON, HERBERT 8420 ULMERTON ROAD SUITE 408 LARGO FL 33771 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HERBERT THOMPSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2490 HERON TERRACE F103 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Herbert Thompson* *HERBERT THOMPSON* *PRESIDENT/DIRECTOR* DATE *2-16-01* DAYTIME PHONE # *727-573-9463*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR 2001

CR2E034 (10/00)