

2000 UNIFORM BUSINESS REPORT (UBR)

0291780

DOCUMENT # P94000052715

1. Entity Name

TECHNOLOGY CONTROL SERVICES, INC.

FILED

00 JUL -5 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
200 N ANDREWS AVE
3RD FLOOR
FT. LAUDERDALE FL 33301
US

Mailing Address
200 N ANDREWS AVE
3RD FLOOR
FT. LAUDERDALE FL 33301-1018
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0525654 Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEUKAMM, MICHAEL E
201 E. PINE ST.
STE. 1200
ORLANDO FL 32801

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	BUTLER, DAVID	
STREET ADDRESS	14560 NE 3RD CT	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOUSAVI, NADER	
STREET ADDRESS	408 SEVEN ISLES DR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROLLINS, HARLEY	
STREET ADDRESS	1561 NW 101 WAY	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	NELSON, JERRY	
STREET ADDRESS	8711 PINNACLE PEAK RD	
CITY-ST-ZIP	SCOTTSDALE AZ 85255	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLZEMER, BEN	
STREET ADDRESS	408 SEVEN ISLES DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600003321626--2
CITY-ST-ZIP	-07/13/00--01007--014
	*****8.75 *****8.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600003321626--2
CITY-ST-ZIP	-07/13/00--01007--015
	*****550.00 *****550.00
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	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/00

Date

Daytime Phone #

0291780