

2001 UNIFORM BUSINESS REPORT (UBR)

AME

09-17-2001 90146 041 ****61.25
P95000024899

DOCUMENT # P95000024899

1. Entity Name

TELECOMMUNICATIONS SYSTEM SOLUTIONS, INC.

Principal Place of Business

3135 39th Avenue No..
Suite 1
St. Petersburg, FL 33713

Mailing Address

3135 39th Avenue No..
Suite 1
St. Petersburg, FL 33713

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3308052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 OCT 15 PM 3:05

SECRETARY OF STATE
TALLAHASSEE 80065499A

6. Name and Address of Current Registered Agent

O'Connor, Patrick M., Esquire
Patel, Moore & O'Connor, P.A.
2240 Belleair Road, Suite 160
Clearwater, Florida 33764

7. Name and Address of New Registered Agent

Name
O'Connor, Patrick M., Esquire
Street Address (P.O. Box Number is Not Acceptable)
O'Connor & Associates
2240 Belleair Road, Suite 160
City
Clearwater FL Zip Code
33764

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

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

(NOTE: Registered Agent signature required when retaking)

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, 2001 Fee will be \$350.00
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	P	<input type="checkbox"/> Delete
NAME	Paetzold, Kimberly L.	
STREET ADDRESS	6430 62nd Avenue North	
CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Paetzold, John R.	
STREET ADDRESS	6430 62nd Avenue North	
CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paetzold, Kimber L.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DeJarnette, M. Sue	
STREET ADDRESS	3135 39th Avenue North, Suite 1	
CITY-ST-ZIP	St. Petersburg, Florida 33713	
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		
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 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:

KIMBER L. PAETZOLD, PRESIDENT

Date

Daytime Phone #

CR2E034 (11/00)