

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000041830

1. Entity Name

T.S.I. ROCKLEDGE INVESTMENT CORP.

**FILED****May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90084 038 \*\*\*150.00

0083973

Principal Place of Business  
2990 S. FISKE BLVD.  
ROCKLEDGE FL 32955

Mailing Address  
2990 S. FISKE BLVD.  
ROCKLEDGE FL 32955

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number 59-3321466

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BAR-NAVON, BOAZ  
2990 S. FISKE BLVD.  
ROCKLEDGE FL 32955

**7. Name and Address of New Registered Agent**

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

2990 S. Fiske Blvd. D-1  
Rockledge FL 32955

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 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, 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 PD  
NAME SCHWENDENER, JUERG  
STREET ADDRESS 2990 S. FISKE BLVD.  
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE TD  
NAME BALDEGGER, ALBERT  
STREET ADDRESS 2990 S. FISKE BLVD.  
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE VP  
NAME WALSER, WILHELM A  
STREET ADDRESS 2990 S. FISKE BLVD.  
CITY-ST-ZIP ROCKLEDGE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)