

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90194 032 ***150.00

DOCUMENT # P97000099678

1. Entity Name
THEATRE SUPPORT SYSTEMS, INC.



Principal Place of Business
**470 RIVERWOODS TRAIL
CHULUOLA FL 32766**

Mailing Address
**470 RIVERWOODS TRAIL
CHULUOLA FL 32766**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHULUOTA

City & State

CHULUOTA

Zip

Country

Zip

Country

4. FEI Number

59-3485676

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, NANCY
470 RIVERWOODS TRAIL
CHULUOLA FL 32766**

Name

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

City

CHULUOTA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **TYPO ERROR**

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/03

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
**PD
YOUNG, NANCY
470 RIVERWOODS TRAIL
CHULUOLA FL 32766**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHULUOTA

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
YOUNG, DAVE
470 RIVERWOODS TRAIL
CHULUOLA FL 32766**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
CHULUOTA

☒ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

NANCY YOUNG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03
Date

407-359-1693
Daytime Phone #

CR2E034 (10/02)