

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**  
 03-07-2002 90049 010 \*\*\*150.00

**DOCUMENT # P98000097747**

**1. Entity Name**  
**TECHNICAL SERVICE INVESTMENTS, INC.**

**Principal Place of Business**  
**PMB128, 5783 SW 40 STREET**  
**MIAMI FL 33155**

**Mailing Address**  
**PMB128, 5783 SW 40 STREET**  
**MIAMI FL 33155**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

**ONE S.E. THIRD AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**10th Floor**

**City & State**

**City & State**

**MIAMI FLORIDA**

**Zip**

**Country**

**Zip**

**Country**

**33131**

**DADE**

**4. FEI Number**

**65-0880394**

**Applied For**

**Not Applicable**

**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**

**MCILVAIN, STEPHEN J**  
**PMB128, 5783 SW 40 STREET**  
**MIAMI FL 33155**

**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**

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, 2002 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** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**PD**  
**NODINE, JAMES G**  
**APT 5B, 2483 S BAYSHORE DRIVE**  
**MIAMI FL 33133**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**VD**  
**MCILVAIN, STEPHEN J**  
**PMB 128, 5783 SW 40 STREET**  
**MIAMI FL 33155**

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**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 (9/01)