

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000006621**1. Entity Name
TSI RETAIL, INC.**FILED**
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90034 036 ***150.00

094202

Principal Place of Business
POST OFFICE BOX 249
BONITA SPRINGS FL 34135Mailing Address
POST OFFICE BOX 249
BONITA SPRINGS FL 341352. Principal Place of Business
9350 LAREDO AVE.
Suite, Apt. #, etc.3. Mailing Address
P.O. Box 50929
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. MYERS FLORIDA
Zip Country
33905City & State
FT. MYERS FLORIDA
Zip Country
339944. FEI Number **59-2748152**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STEWART, JAMES C JR.
2121 COUNTY ROAD 951
GOLDEN GATE FL 34116-6543

7. Name and Address of New Registered Agent

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 *Glenn E. Caudoil* **GLENN E. CAUDOIL**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**4-9-01**
DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANTERRE, RICHARD J ☐ Delete
500 FIFTH AVENUE SOUTH STE. 522
NAPLES FL 34102

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☐ Change ☒ Addition
CAUDOIL, GLENN E
9350 LAREDO AVE
FT. MYERS FL 33905TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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: *Glenn E. Caudoil* **GLENN E. CAUDOIL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-9-01**
Date**941-344-2905**
Daytime Phone #

CR2E034 (10/00)