

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90177 014 ***150.00

DOCUMENT # P99000006621

1. Entity Name
TSI RETAIL, INC.



Principal Place of Business
**9350 LAREDO AVE
FORT MYERS FL 33905**

Mailing Address
**PO BOX 50929
FT MYERS FL 33994**



2. Principal Place of Business
9180 GALLERIA COURT

3. Mailing Address

Suite, Apt. #, etc.
SUITE 700

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State

Zip
34109

Country
COLLIER

Zip

Country

4. FEI Number **59-2748152**

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

**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)
**SUITE 700
9180 GALLERIA COURT
City NAPLES FL Zip Code 34109**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE **PD** ☐ Delete
NAME **CAUDILL, GLENN E**
STREET ADDRESS **9350 LAREDO AVE**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **Glenn E. Caudill** **Glenn E. Caudill, President** **3-17-03, 239-344-2945**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)