

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90002 003 \*\*\*150.00

**DOCUMENT # P99000012424**

1. Entity Name

**TECHNOLOGY MANAGEMENT SOLUTIONS, INC.**

Principal Place of Business

**1411 EDGEWATER DRIVE  
 SUITE 101  
 ORLANDO FL 32804**

Mailing Address

**1411 EDGEWATER DRIVE  
 SUITE 101  
 ORLANDO FL 32804**

2. Principal Place of Business

**801 N. Magnolia Ave.**

3. Mailing Address

**801 N. Magnolia Ave.**

Suite, Apt. #, etc.

**Ste 304**

Suite, Apt. #, etc.

**Ste 304**

City & State

**Orlando, FL**

City & State

**Orlando, FL**

Zip

**32803**

Country

**USA**

Zip

**32803**

Country

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEPHENS, ROBERT W  
 1411 EDGEWATER DRIVE  
 SUITE 101  
 ORLANDO FL 32804**

Name

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

**801 N. Magnolia Ave.**

**Ste 304**

City **Orlando**

**FL**

Zip Code

**32803**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**1/12/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERTON, SCOTT D</b>	NAME	<b>801 N. Magnolia Avenue, Ste 304</b>
STREET ADDRESS	<b>1411 EDGEWATER DRIVE</b>	STREET ADDRESS	<b>Orlando, FL 32803</b>
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	CITY-ST-ZIP	<b>Orlando, FL 32803</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHENS, ROBERT W</b>	NAME	<b>801 N. Magnolia Avenue, Ste 304</b>
STREET ADDRESS	<b>1411 EDGEWATER DRIVE</b>	STREET ADDRESS	<b>Orlando, FL 32803</b>
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	CITY-ST-ZIP	<b>Orlando, FL 32803</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEWITT, ROBERT W</b>	NAME	
STREET ADDRESS	<b>1411 EDGEWATER DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWYER, JAMES W</b>	NAME	
STREET ADDRESS	<b>900 LIVE OAK ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #

**1/12/01 407-872-1523**

CR2E034 (10/00)