

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90973 018 \*\*\*150.00

DOCUMENT # P99000036432

1. Entity Name  
**TECHNOLOGY SOLUTIONS INTERNATIONAL, INC.**

**80094871**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>SANDPIPER DR.</b> <b>SATELLITE BEACH FL 32937</b>		Mailing Address <b>467 SANDPIPER DR.</b> <b>SATELLITE BEACH FL 32937-3784</b>	
2. Principal Place of Business <b>645 S. Plumosa St #6</b>		3. Mailing Address <b>645 S. Plumosa St #6</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

City & State <b>Merritt Island, FL</b>		City & State <b>Merritt Island, FL</b>		4. FEI Number <b>59-3570769</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32952</b>		Country		Zip <b>32952</b>		Country	

6. Name and Address of Current Registered Agent <b>SCHILLINGER, CHARLES A</b> <b>3125 WEST NEW HAVEN AVENUE, SUITE 200</b> <b>WEST MELBOURNE FL 32904</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOPEZ, STEVEN W</b> <b>467 SANDPIPER DR.</b> <b>SATELLITE BEACH FL 32937</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEVEN W. LOPEZ</b> <b>6409 PARSON BROWN DR</b> <b>Orlando, FL 32819</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X SIGNATURE** **STEVEN W. LOPEZ** **4-24-00** **407-701-4865**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #