

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037288

1. Entity Name

TSL SOLUTIONS INCORPORATED

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90204 004 \*\*\*150.00

Principal Place of Business

12474 SAWGRASS COURT  
WELLINGTON FL 33414

Mailing Address

12474 SAWGRASS COURT  
WELLINGTON FL 33414-4823

2. Principal Place of Business

12474 SAWGRASS CT  
Suite, Apt. #, etc.

3. Mailing Address

12474 SAWGRASS CT  
Suite, Apt. #, etc.

City & State

WELLINGTON FL

City & State

WELLINGTON, FL

4. FEI Number

65-0913719

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

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

WILKINSON, KEVIN D ESQ.  
12794 WEST FOREST HILL BOULEVARD  
SUITE 28B  
WELLINGTON FL 33414

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVST	ROSS, ROBYN	12474 SAWGRASS COURT	WELLINGTON FL 33414	<input type="checkbox"/>
D	ROSS, ROBYN	12474 SAWGRASS COURT	WELLINGTON FL 33414	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	ROBB, ROBYN			<input checked="" type="checkbox"/>
	ROBB, ROBYN			<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

Robyn Robb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-20-00

Daytime Phone #

(561) 333-3091

CR2E034 (9/99)