

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

06-13-2003 90059 023 \*\*\*150.00

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**DOCUMENT # P99000044874**

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



Principal Place of Business  
**5310 N.W. 33RD AVE., STE. 111  
FT. LAUDERDALE FL 33309**

Mailing Address  
**5310 N.W. 33RD AVE., STE. 111  
FT. LAUDERDALE FL 33309**

2. Principal Place of Business  
**5300 NW 33rd Avenue**

3. Mailing Address  
**5300 NW 33rd Avenue**

Suite, Apt. #, etc.  
**Suite 207**

Suite, Apt. #, etc.  
**Suite 207**

City & State  
**Ft. Lauderdale, FL 33309**

City & State  
**Ft. Lauderdale, FL**

Zip  
**33309**

Country  
**USA**

Zip  
**33309**

Country  
**USA**

4. FEI Number  
**65-0923992**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KOPROWSKI, PAUL A CPA  
10031 PINES BLVD., STE. 224  
PEMBROKE PINES FL 33024**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Paul A. Koprowski, CPA**

**6/9/03**

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

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SPEARS, AMY W  
5310 NW 33RD AVE #111  
FORT LAUDERDALE FL 33309**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/9/03**

Date

**954717-2010**

Daytime Phone #

CF2E034 (10/02)

Attachment 90139577  
Doc# 999000041874



**Technology Solutions, Inc.**

**TECHNOLOGY  
SOLUTIONS**

INTEGRATING IT SOLUTIONS

June 10, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

5300 NW 33<sup>rd</sup> Avenue, Suite 207  
Ft. Lauderdale, Florida 33309  
954/717-2010 Fax: 954/717-3856  
FE ID: 65-0923992

Dear Sir or Madam:

Please find enclosed a check in the amount of \$150.00 to cover the cost of your required fee for the Annual Business Report regarding our firm as stated at the top of this letter. Please be informed, we were quite delayed in receiving the appropriate form for filing due to our address change. Please kindly waive the penalty fee in regard to the lateness of our submittal. We appreciate your understanding.

Sincerely,

Amy Spears  
President