

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046318

1. Entity Name

TSM SERVICES, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90183 011 ***150.00

Principal Place of Business

108 SUSNSET BLVD.
BOYNTON BEACH FL 33426

Mailing Address

108 SUSNSET BLVD.
BOYNTON BEACH FL 33426-5206

2. Principal Place of Business

3680 Max Place

Suite, Apt. #, etc.

Apt 201

City & State

Boynton Beach, FL

Zip 33436

Country USA

3. Mailing Address

3680 Max Place

Suite, Apt. #, etc.

Apt 201

City & State

Boynton Beach, FL

Zip 33436

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0930604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREVEMEYER, LISA K
108 SUSNSET BLVD.
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name Grevemeyer, Lisa K

Street Address (P.O. Box Number is Not Acceptable)
3680 Max Place

Apt 201

City Boynton Beach

FL

Zip Code 33436

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

Lisa K Grevemeyer

LISA K Grevemeyer

3-20-00

Signature, typed or printed name of registered agent and fee 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 President ☐ Delete
NAME Lisa K Grevemeyer
STREET ADDRESS 3680 Max Place Apt 201
CITY-ST-ZIP Boynton Beach, FL 33436

TITLE Vice President ☐ Delete
NAME Steven E Grevemeyer
STREET ADDRESS 3680 Max Place Apt 201
CITY-ST-ZIP Boynton Beach, FL 33436

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

12. 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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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Lisa K Grevemeyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/00 561-374-8874

CR2E034 (9/99)