

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90046 019 \*\*\*150.00

**DOCUMENT # P99000047990**

1. Entity Name

**TECHNOLOGY SOLUTIONS GROUP INC.**

Principal Place of Business

Mailing Address

58 WESTOVER LANE  
 PALM COAST FL 32164

58 WESTOVER LANE  
 PALM COAST FL 32164-7743

2. Principal Place of Business

3. Mailing Address

8298 Bayberry Road

8298 Bayberry Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1A

Suite 1A

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

Zip

32256

Country

USA

Zip

32256

Country

USA

4. FEI Number

59-3580490

Applied For

Not Applicable

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

LARSON, STEVEN P  
 58 WESTOVER LANE  
 PALM COAST FL 32164

Name

Stephen Kerekes

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

8298 Bayberry Road

Suite 1A

City

Jacksonville

FL

Zip Code

32256

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]*

Stephen J. Kerekes

12/3/99

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Delete  
 NAME Steve Larson  
 STREET ADDRESS 58 Westover Lane  
 CITY-ST-ZIP Palm Coast, FL 32164

TITLE P/T ☒ Change ☐ Addition  
 NAME Stephen Kerekes  
 STREET ADDRESS 833 Southern Belle Drive East  
 CITY-ST-ZIP Jacksonville, FL 32259

TITLE VICE-PRESIDENT ☐ Delete  
 NAME BEN ADAMS  
 STREET ADDRESS 174 Seguin Road  
 CITY-ST-ZIP St. Augustine, FL 32086

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Treasurer ☐ Delete  
 NAME Stephen Kerekes  
 STREET ADDRESS 833 Southern Belle Drive East  
 CITY-ST-ZIP Jacksonville, FL 32259

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Secretary ☐ Delete  
 NAME Brett Adams  
 STREET ADDRESS P.O. Box 1701  
 CITY-ST-ZIP St. Augustine, FL 32085

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*[Signature]* Vice President

12/31/99

Date

(904) 737-1051

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR