

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050837

1. Entity Name

TECHNOLOGY INTEGRATION SPECIALISTS, INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90157 022 ***150.00

Principal Place of Business

493 SUGAR RIDGE
LONGWOOD FL 32779

Mailing Address

493 SUGAR RIDGE
LONGWOOD FL 32779-2621

2. Principal Place of Business

3. Mailing Address

217 Altamonte Commerce Blvd. Suite 1206
Altamonte Springs, Fl. 32714

City & State
Altamonte Springs, Fl.

Zip
32714

Country
Seminole

City & State
Altamonte Springs, Fl.

Zip
32714

Country
Seminole

4. FEI Number

59-3577728

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRISON, CHARLES E JR.
493 SUGAR RIDGE
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name
Harrison, Charles E. Jr.

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

217 Altamonte Commerce Blvd, Suite 1206

City
Altamonte Springs FL Zip Code
32714

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 CE Harrison Charles E Harrison, Jr., As President 4/10/00
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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
P/V/S/T
Charles E. Harrison, Jr.
217 Altamonte Commerce Blvd, Suite 1206
Altamonte Springs, Fl. 32714

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: CE Harrison Charles E Harrison, Jr., President 4/14/00 407-772-1207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #