

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070451

1. Entity Name

TECHNICAL SERVICE SOURCE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90072 005 ***150.00

Principal Place of Business

Mailing Address

7067 MICHIGAN ISLE ROAD
LAKE WORTH FL 33467

7067 MICHIGAN ISLE ROAD
LAKE WORTH FL 33467-7765

2. Principal Place of Business

7067 Michigan Isle Rd.
Suite, Apt. #, etc.
Lake Worth, FL
City & State

3. Mailing Address

7067 Michigan Isle Rd.
Suite, Apt. #, etc.
Lake Worth, FL
City & State



DO NOT WRITE IN THIS SPACE

Zip

Country

33467

USA

Zip

Country

33467

USA

4. FEI Number

650938949

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, ANTHONY G JR.
7067 MICHIGAN ISLE ROAD
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name Steven S. Siegel

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

same

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

Steven S. Siegel

Steven S. Siegel

4-24-00

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 D
NAME SIEGEL, STEVE
STREET ADDRESS 7067 MICHIGAN ISLE ROAD
CITY-ST-ZIP LAKE WORTH FL 33467

☐ Delete

TITLE
NAME
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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

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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:

Steven S. Siegel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 (561)963-8721

CR2E034 (9/93)