:UMENT # P99000084470

Name

TECHNICAL SERVICES, INC.

FILED

00 APR 19 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Place of Business	Mailing Address
ST., STE. 1200 FL 32801	201 E. PINE ST., STE. 1200 ORLANDO FL 32801-2725

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Peachtree Road	719 Peachtree Road
Apt. #, etc.	Suite, Apt. #, etc.
City & State , FL	City & State Orlando, FL
Country USA	Zip 32804
	Country USA

4. FEI Number
59-3603064

☐ 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
MCMULLEN, JACK K 201 E. PINE ST., STE. 1200 ORLANDO FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

corporation is eligible to satisfy its Intangible filing requirement and elects to do so. ☐
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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D HOUBEN, ROGER P.E.G. 719 PEACHTREE RD. ORLANDO FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOUBEN, ROGER P.E.G. 719 PEACHTREE RD. ORLANDO, FL 32804 ☐ Change ☒ Addition
D DAVIDSON, BRUCE 719 PEACHTREE RD. ORLANDO FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIDSON, BRUCE 719 PEACHTREE RD. ORLANDO, FL 32804 ☐ Change ☒ Addition
D OVERBOOM, TOM M 719 PEACHTREE RD. ORLANDO FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,S OVERBOOM, TOM M. 719 PEACHTREE RD. ORLANDO, FL 32804 ☐ Change ☒ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003223532--5 -04/25/00--01092--001 ****150.00 ****150.00 ☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS ☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 dicated 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 f 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 hanged, or on an attachment with an address, with all other like empowered.

ATURE: Tom M. Overboom 4/14/2000 407-206-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #