

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101687

1. Entity Name

TSP PROFESSIONALS, INC.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90426 045 \*\*\*150.00

Principal Place of Business

Mailing Address

1919 N.E. 45 ST., STE. 225  
FT. LAUDERDALE FL 33308

1919 N.E. 45 ST., STE. 225  
FT. LAUDERDALE FL 33308-5136

2. Principal Place of Business

3. Mailing Address

4630 N. University Dr.

4630 N. University Dr.

Suite, Apt. #, etc.

#322

Suite, Apt. #, etc.

#322

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

65-0975641

Applied For

Not Applicable

Zip

33076

Country

USA

Zip

33076

Country

USA

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

AMMAR, SAMANTHA HOSER  
1919 N.E. 45 ST., STE. 225  
FT. LAUDERDALE FL 33308

Name

Samantha Hoser- Ammar

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

4630 N. University Drive #322

City

Coral Springs

FL

Zip Code

33076

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

Samantha Hoser- Ammar

4-12-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

C - Chairman

Chad E. Leggett

4630 N. University Dr. #322  
Coral Springs, FL 33076

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:

Samantha Hoser- Ammar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

954-757-9094

Daytime Phone #

CR2E034 (9/99)