

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104930

1. Entity Name

TSRC.NET, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90122 043 ***150.00

Principal Place of Business

701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

Mailing Address

701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

2. Principal Place of Business

1901 W. Cypress Creek Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Zip

Country

33309 USA

Zip

Country

4. FEI Number

65-0964791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

CT CORPORATION System

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

1200 S. PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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.

PETER F. SOUZA
- ASSISTANT SECRETARY

4/19/00

SIGNATURE

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO/CHAIRMAN OF THE BOARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE COLLARD
STREET ADDRESS	3040 JASMINE TERRACE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM HOSKOD
STREET ADDRESS	4700 N. OCEAN BLVD., #406
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	COO/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES ROBERTSON
STREET ADDRESS	27 CAYUGA ROAD
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	CFO/SECRETARY, TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN MORTON
STREET ADDRESS	11400 MT VERNON DRIVE
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	ASSISTANT SEC/AUX OF FINANCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIXIE HASTON
STREET ADDRESS	9101 NW 15TH STREET
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

John Morton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00
Date

954-493-2601
Daytime Phone #

CR2E034 (9/99)