

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State
 02-10-2002 90036 019 ***158.75

DOCUMENT # P99000107079

1. Entity Name
TECHNISOURCE HARDWARE, INC.

Principal Place of Business
1901 W. CYPRESS CREEK RD., STE. 202
FT. LAUDERDALE FL 33309

Mailing Address
1901 W. CYPRESS CREEK RD., STE. 202
FT. LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0966531		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	CEO	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLARD, JOE			NAME			
STREET ADDRESS	3040 JASMINE TERRACE			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33483			CITY-ST-ZIP			
TITLE	EVCS	<input type="checkbox"/> Delete		TITLE	P/CFO/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTSON, JAMES			NAME			
STREET ADDRESS	27 CAYUGA ROAD			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33308			CITY-ST-ZIP			
TITLE	EVCF	<input type="checkbox"/> Delete		TITLE	EVP/CFO/T/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, ANDREW C			NAME			
STREET ADDRESS	5000 N OCEAN BLVD #208			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33308			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Andrew C Hill, EVPCFO 1/17/02 754-493-8601
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)