

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90014 025 \*\*\*158.75

02-03-2002 AV

**DOCUMENT # P99000107090**

1. Entity Name  
**TSRC OF FLORIDA, 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 <b>65-0966533</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>				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. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CEOB	<input type="checkbox"/> Delete		TITLE	C/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLARD, JOE			NAME			
STREET ADDRESS	3040 JASMINE TERR			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33483			CITY-ST-ZIP			
TITLE	COO	<input type="checkbox"/> Delete		TITLE		<input 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	EVSP	<input type="checkbox"/> Delete		TITLE	P/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, JAMES			NAME	Robertson, James F		
STREET ADDRESS	27 CAYUGA RD			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33308			CITY-ST-ZIP			
TITLE	EVAS	<input type="checkbox"/> Delete		TITLE		<input 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	CFOT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, ANDREW C			NAME			
STREET ADDRESS	5000 N OCEAN BLVD			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33308			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	C. Shelton James		
STREET ADDRESS				STREET ADDRESS	310 E Royal Palm Road		
CITY-ST-ZIP				CITY-ST-ZIP	Boca Raton, FL 33432		

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 Hill **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 1/17/02 **Daytime Phone #** 954-493-8601

CR2E034 (9/01)