

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90309 029 ***150.00

DOCUMENT # *P99 000 109591*

1. Entity Name

TPS.COM INC



DO NOT WRITE IN THIS SPACE

94056022

2. Principal Place of Business

751 E. McNAB Rd

3. Mailing Address

751 E McNAB Rd

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

Pompano Beach, FL

City & State

Pompano Beach FL

4. FEI Number

650982052

Applied For

Not Applicable

Zip

33060

Country

Broward

Zip

33060

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Sauter, C.C. ESQ

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

2850 N. ANDREWS Ave

City

Fort Lauderdale

FL

Zip Code

33311

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>PRESIDENT, VP, Sec, TREAS</i>
NAME	<i>Debra Hallmark</i>
STREET ADDRESS	<i>751 E McNAB Rd #4</i>
CITY-ST-ZIP	<i>Pompano Beach, FL 33060</i>
TITLE	<i>Director</i>
NAME	<i>Brian Dempsey</i>
STREET ADDRESS	<i>130 Cypress Club Dr #233</i>
CITY-ST-ZIP	<i>Pompano Beach, FL 33060</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra J. Hallmark

Debra J. Hallmark

4/15/04 776 2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)