

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90077 023 ***150.00

0341209

DOCUMENT # V08119

1. Entity Name
TRANSPORTATION PROGRAM MANAGERS, INC.

Principal Place of Business 2003 W. KENNEDY BLVD. STE 200 TAMPA FL 33606 US	Mailing Address 2003 W. KENNEDY BLVD. STE 200 TAMPA FL 33606 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3128933** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EMERSON, JILL D ES
 109 N. BRUSH STREET
 SUITE 500
 TAMPA FL 33602**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	S BULLINGTON, BROOKS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	2003 WEST KENNEDY BLVD #200 TAMPA FL		
<input type="checkbox"/> Delete	T BULLINGTON, BROOKS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	2003 W KENNEDY BLVD TAMPA FL		
<input type="checkbox"/> Delete	P MADIEDO, DEBRA S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	2003 W KENNEDY BLVD TAMPA FL		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Debra Madiedo, Pres.* *Debra Madiedo 1/15/01 813-2514900*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)