2000 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2000 8:00 am Secretary of State **DOCUMENT # G09210** 1. Entity Name 02-08-2000 90041 017 ***150.00 TRANSPORTATION SAFETY CONTRACTORS. INC. Mailing Address Principal Place of Business 1200 LANDMARKS CTR 1200 LANDMARKS CTR **SUITE 1300** SUITE 1300 OMAHA NE 68102-1880 **OMAHA NE 68102** US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2234741 ـ اليونية. Not Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POLLOCK, EDWARD Z ESQ Street Address (P.O. Box Number is Not Acceptable) ABLE TELCOM HOLDING CORP 1601 FORUM PL STE 1110 WEST PALM BEACH FL 33401 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change CD ☐ Delete TITLE TITLE NAME NAME RAY, BILLY V JR STREET ADDRESS STREET ADDRESS 1601 FORUM PLACE SUITE 1110 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Delete TITLE ☐ Change DILE NAME NAME BARRY HALL, JAMES STREET ADDRESS STREET ADDRESS 1601 FORUM PLACE SUITE 1110 CITY,- ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Delete TITLE TITLE NAME NAME ARP. MICHAEL STREET ADDRESS STREET ADDRESS 1601 FORUM PLACE SUITE 1110 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 \Box 1. ☐ Delete Change TITLE TITLE NAME NAME TERRERO, ELIZABETH STREET ADDRESS STREET ADDRESS 1601 FORUM PLACE SUITE 1110 CITY-ST-ZIP CITY-ST-ZIE WEST PALM BEACH FL 33401 Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Change \Box . TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 discontinuous 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 changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE: 2-3-00 (46
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date