

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91511 004 ***550.00

DOCUMENT # 503739
 1. Entity Name
TRANSPORTATION CONTROL SYSTEMS INC.

Principal Place of Business Mailing Address
~~1201 W. NORTH B STREET~~ ~~1201 W. NORTH B STREET~~
~~TAMPA FL 33606~~ ~~TAMPA FL 33606~~

2. Principal Place of Business 3. Mailing Address
1030 S. 86TH ST **1030 S. 86TH ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TAMPA, FL **TAMPA, FL**
 Zip Country Zip Country
33619 **USA** **33619** **USA**

4. FEI Number Applied For
59-1673144 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
GILLIS, JOHN TYLER
~~8716 COBBLESTONE DRIVE~~ **NEW ADDRESS**
~~TAMPA FL 33165~~

7. Name and Address of New Registered Agent
 Name **GILLIS, JOHN TYLER**
 Street Address (P.O. Box Number is Not Acceptable)
1030 S. 86TH ST
 City **TAMPA** FL Zip Code **33619**

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]* **JOHN T. GILLIS** DATE **5/4/02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GILLIS, JOHN TYLER 8716 COBBLESTONE DR. TAMPA FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILLIS, PATRICIA ANN 8716 COBBLESTONE DR. TAMPA FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLIS, PATRICIA ANN 8716 COBBLESTONE DR. TAMPA FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **PATRICIA A. GILLIS** Date **5/4/02** Daytime Phone **813-885-4578**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)