

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F70314

1. Entity Name
TRANSPORTATION SERVICES, INC.



Principal Place of Business

**915 MIDDLE RIVER DRIVE
SUITE 414
FORT LAUDERDALE, FL 33304-3561 US**

Mailing Address

**915 MIDDLE RIVER DRIVE
SUITE 414
FORT LAUDERDALE, FL 33304-3561 US**



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2166187

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

**BUSBY, BYRON A
915 MIDDLE RIVER DRIVE
SUITE 414
FORT LAUDERDALE, FL 33304-3561**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P/D
NAME **BUSBY, FRANCES B**
STREET ADDRESS **2025 SUNRISE KEY BLVD**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE VP/D
NAME **BUSBY, BYRON A**
STREET ADDRESS **2733 NE 34TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33306**

TITLE D
NAME **BUSBY, BONNIE F**
STREET ADDRESS **713 NE 17TH TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE D
NAME **BUSBY, PHILIP F JR**
STREET ADDRESS **342 CALICO DRIVE**
CITY-ST-ZIP **APEX, NC 27523**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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03/11/08-80063-018-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-08 954-561-1768

Date

Daytime Phone #