

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0428822 AV

DOCUMENT # F93000000534

1. Entity Name

TAMPA INTERNATIONAL CROSSTIE SALES, INC.

04-02-2002 90884 007 ***150.00

Principal Place of Business

**8001 WOODLAND CNTR BLVD
 SUITE #100
 TAMPA FL 33614
 US**

Mailing Address

**8001 WOODLAND CNTR BLVD
 SUITE #100
 TAMPA FL 33602
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1735507

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

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

(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, 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

TITLE ☐ Delete
 NAME **DP HARLEY, MICHAEL**
 STREET ADDRESS **8001 WOODLAND CNTR BLVD #100**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
 NAME **DVP JUDY, JOHN W**
 STREET ADDRESS **10250 SW GREENBURG RD #200**
 CITY-ST-ZIP **PORTLAND OR 97223**

TITLE ☐ Delete
 NAME **STD RATNER, CHARLES R**
 STREET ADDRESS **10800 BROOKPARK RD.**
 CITY-ST-ZIP **CLEVELAND OH 44130**

TITLE ☐ Delete
 NAME **AS TONNING, LOIS L**
 STREET ADDRESS **10250 SW GREENBURG RD., STE. 200**
 CITY-ST-ZIP **PORTLAND OR 97223**

TITLE ☐ Delete
 NAME **AS NEIL, CARL R**
 STREET ADDRESS **1300 SW 5TH, SUITE 3400**
 CITY-ST-ZIP **PORTLAND OR**

TITLE ☐ Delete
 NAME **D MILLER, SAM H**
 STREET ADDRESS **10800 BROOKPARK RD.**
 CITY-ST-ZIP **CLEVELAND OH 44130**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Lois T. Tanning
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/02 *603-246-8500*

CR2E034 (9/01)