

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90289 044 ***150.00

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DOCUMENT # F93000000534

1. Entity Name

TAMPA INTERNATIONAL CROSSTIE SALES, INC.



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

P.O. BOX 4209

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Portland, OR

Zip

Country

Zip

U.S.A.

4. FEI Number **34-1735507**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	HARLEY, MICHAEL	
STREET ADDRESS	8001 WOODLAND CNTR BLVD #100	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	JUDY, JOHN W	
STREET ADDRESS	10250 SW GREENBURG RD #200	
CITY-ST-ZIP	PORTLAND OR 97223	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RATNER, CHARLES R	
STREET ADDRESS	10800 BROOKPARK RD.	
CITY-ST-ZIP	CLEVELAND OH 44130	
TITLE	AS	<input type="checkbox"/> Delete
NAME	TONNING, LOIS L	
STREET ADDRESS	10250 SW GREENBURG RD., STE. 200	
CITY-ST-ZIP	PORTLAND OR 97223	
TITLE	AS	<input type="checkbox"/> Delete
NAME	NEIL, CARL R	
STREET ADDRESS	1300 SW 5TH, SUITE 3400	
CITY-ST-ZIP	PORTLAND OR	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, SAM H	
STREET ADDRESS	10800 BROOKPARK RD.	
CITY-ST-ZIP	CLEVELAND OH 44130	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ratner, Charles R.	
STREET ADDRESS	1100 Terminal Tower	
CITY-ST-ZIP	Cleveland, OH 44113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Sam H.	
STREET ADDRESS	1100 Terminal Tower	
CITY-ST-ZIP	Cleveland, OH 44113	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

Date

503-240-8500

Daytime Phone #

CR2E034 (10/02)