

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000003392

1. Entity Name
TRANSPORTATION EQUIPMENT CONSULTANTS, INC.



Principal Place of Business

**BOULEVARD CLUB -1900 GULF SHORE BLVD N.
APT 106
NAPLES, FL 34102 US**

Mailing Address

**ARTHUR P. STEINMETZ
1301 E NINTH ST #3500
CLEVELAND, OH 44114-1821 US**



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number
34-0973867

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSTON, SIDNEY A
1900 GULF SHORE BLVD N
BLVD CLUB #106
NAPLES, FL 34102**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
JOHNSTON, SIDNEY A
1900 GULF SHORE BLVD. NORTH, BLV CLUB #106
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
JOHNSTON, SIDNEY A
1900 GULF SHORE BLVD. NORTH BLVD CLUB #106
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
STEINMETZ, ARTHUR P
1301 E NINTH ST #3500
CLEVELAND, OH 441141821**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD0000244244
02/26/05-90013-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Arthur P. Steinmetz

ARTHUR P. STEINMETZ

2/17/05

216-928-2899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #