2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 04, 2000 8:00 am Secretary of State DOCUMENT # F9700000556 1. Entity Name 🦠 TECHNICAL TRANSPORTATION, INC. 02-04-2000 90012 040 ***150.00 Principal Place of Business Mailing Address 2850 MARKET LOOP 2850 MARKET LOOP SOUTHLAKE TX 76092-9144 SOUTHLAKE TX 76092 80012611 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 75-2348619 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required > __ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PUTNAM, WILLIAM G JR Street Address (P.O. Box Number is Not Acceptable) 1111 N. WESTSHORE #514 **TAMPA FL 33607** 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. Γ? \$040,42.3° 1 (1700224). St. 1 W. A. SIGNATURE 🗀 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back), Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. * * * * * Delete ☐ Change Addition TITLE TITLE ALFORD, CARL S NAME NAME STREET ADDRESS STREET ADDRESS 2850 MARKET LOOP CITY-ST-ZIP CITY-ST-7IP SOUTHLAKE TX 76092 ☐ Change ☐ Addition ☐ Delete **CFO** TITLE NAME PUTNAM, WILLIAM G JR STREET ADDRESS STREET ADDRESS 2850 MARKET LOOP CITY-ST-ZIP CITY-ST-ZIP SOUTHLAKE TX 76092 Addition Delete ☐ Change TITLE CMO NAME KLEIN, ROBERT J STREET ADDRESS STREET ADDRESS 2850 MARKET LOOP CITY-ST-ZIP CITY-ST-ZIP **SOUTHLAKE TX 76092** ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.