

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 DEC 17 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #	F97000002354
1. Entity Name	
TRAFFIC SAFETY SYSTEMS, INC	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		3. Mailing Address	
917 N PALMWAY STREET		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
KISSIMMEE, FL			
Zip	Country	Zip	Country
34744			

**REINSTATEMENT 97-03**  
DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number		Applied For
		06-1477507		Not Applicable
		5. Certificate of Status Desired		\$8.75 Additional Fee Required
		<input checked="" type="checkbox"/>		
		7. Name and Address of Current Registered Agent		
		Name		
		GRACE PATTISON		
		Street Address (P.O. Box Number is Not Acceptable)		
		917 N PALMWAY STREET		
		City	FL	Zip Code
		KISSIMMEE		34744

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	DATE
<i>Grace Pattison</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	9. Election Campaign Financing	\$5.00 May Be
Make Check Payable to Florida Department of State	Trust Fund Contribution.	Added to Fees
	<input type="checkbox"/>	

10. OFFICERS AND DIRECTORS		11.	
TITLE	PRESIDENT	TITLE	
NAME	PHIL WATKINS	NAME	
STREET ADDRESS	28 WINDMILL STREET	STREET ADDRESS	
CITY-ST-ZIP	LONDON W 1T 2 JJ	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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)(l), 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 on an attachment with an address, with all other like empowered.	
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SIGNATURE: <i>Phil Watkins</i>	PHIL WATKINS	12/13/2003	407-933-7779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #