

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002677

1. Entity Name

TBI CARGO, INC.

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90007 030 \*\*\*150.00

Principal Place of Business

3015 CARRIER AVE  
SANFORD FL 32773  
US

Mailing Address

TWO RED CLEVELAND BLVD STE 209  
SANFORD FL 32773-6845

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3504189

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, KEITH  
TWO RED CLEVELAND BLVD., STE 210  
SANFORD FL 32773

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PCD	WARRINER, MAX	3015 CARRIER AVENUE	SANFORD FL	<input type="checkbox"/>
VD	WHITE, TRACEY	3015 CARRIER AVENUE	SANFORD FL	<input type="checkbox"/>
SD	ROBINSON, KEITH	TWO RED CLEVELAND BLVD., #210	SANFORD FL	<input type="checkbox"/>
D	BROOKS, KEITH	159 NEW BOND STREET	LONDON ENGLAND	<input type="checkbox"/>
D	PRICE, CAROLINE	159 NEW BOND STREET	LONDON ENGLAND	<input type="checkbox"/>
D	STEELE, TERRY	159 NEW BOND STREET	LONDON ENGLAND	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Keith Robinson* **KEITH ROBINSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00  
Date

(407) 324-9681  
Daytime Phone #

CR2E034 (9/99)