

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 20, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # G09210**1. Entity Name  
TRANSPORTATION SAFETY CONTRACTORS, INC.**Principal Place of Business**1200 LANDMARKS CTR  
SUITE 1300  
OMAHA  
68102

NE

US

**Mailing Address**1200 LANDMARKS CTR  
SUITE 1300  
OMAHA  
68102

NE

US

**2. Principal Place of Business**

7750 PROFESSIONAL PLACE

**3. Mailing Address**

7750 PROFESSIONAL PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

TAMPA FL

**City & State**

TAMPA FL

**4. FEI Number**

59-2234741

**Applied For**

Not Applicable

Zip  
33637Country  
USZip  
33637Country  
US**5. Certificate of Status Desired**☒**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**POLLOCK EDWARD ZESQ  
ABLE TELCOM HOLDING CORP  
1601 FORUM PL STE 1110  
WEST PALM BEACH  
33401

FL

US

**7. Name and Address of New Registered Agent****Name**

STEPHENS RICK

**Street Address (P.O. Box Number is Not Acceptable)**

92 LAKE WIRE

**City**

LAKELAND

FL

**Zip Code**  
33815

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 **RICK STEPHENS****07/20/2001**

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, 2001 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**

TITLE	S	<input type="checkbox"/> Delete
NAME	TERRERO ELIZABETH	
STREET ADDRESS	1601 FORUM PLACE SUITE 1110	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	T	<input type="checkbox"/> Delete
NAME	ARP MICHAEL	
STREET ADDRESS	1601 FORUM PLACE SUITE 1110	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	P	<input type="checkbox"/> Delete
NAME	BARRY HALL JAMES	
STREET ADDRESS	1601 FORUM PLACE SUITE 1110	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	CD	<input type="checkbox"/> Delete
NAME	RAY BILLY VJR	
STREET ADDRESS	1601 FORUM PLACE SUITE 1110	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

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

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	S/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEELY JERRY	
STREET ADDRESS	7750 PROFESSIONAL PLACE	
CITY-ST-ZIP	TAMPA FL 33637	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'KEEFFEE MICHAEL	
STREET ADDRESS	2000 EAST EDGEWOOD DRIVE, SUITE 106B	
CITY-ST-ZIP	LAKELAND FL 33803	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHART KEVIN M	
STREET ADDRESS	7750 PROFESSIONAL PLACE	
CITY-ST-ZIP	TAMPA FL 33637	

TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEALL LANCE	
STREET ADDRESS	2000 EAST EDGEWOOD DRIVE, SUITE 106B	
CITY-ST-ZIP	LAKELAND FL 33803	

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		

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:** Lance McNeill

PCD

07/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)