

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90152 049 ***150.00

DOCUMENT # L37740

1. Entity Name

TPS OPERATIONS COMPANY

Principal Place of Business

**C/O D. E. SCHWARTZ
702 N. FRANKLIN ST.
TAMPA FL 33602-4418
US**

Mailing Address

**D. E. SCHWARTZ
P. O. BOX 111
TAMPA FL 33601-0111
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3037832**

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

**MCDEVITT, S M
702 N. FRANKLIN STREET
TAMPA FL 33602**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LUDWIG, R. E.	702 N. FRANKLIN ST.	TAMPA FL 33602-4418	<input type="checkbox"/>
VD	JENNINGS, JR., G. D.	702 N. FRANKLIN ST.	TAMPA FL 33602-4418	<input type="checkbox"/>
S	SCHWARTZ, D. E.	702 N FRANKLIN ST	TAMPA FL 33602	<input type="checkbox"/>
TD	GILLETTE, G. L.	702 N. FRANKLIN ST.	TAMPA FL 33602-4418	<input type="checkbox"/>
V	ROSS, S. M.	702 N FRANKLIN ST	TAMPA FL 33602	<input type="checkbox"/>
				<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"/>
	Myers, S.A.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Duff, J.T.	702 North Franklin Street	Tampa, FL 33602	<input type="checkbox"/>	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.E. Ludwig

April 27, 2001

813-228-1111

Date

Daytime Phone #

CR2E034 (10/00)