

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L91023

1. Entity Name

TAMPA INTERNATIONAL FORWARDING, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90137 041 \*\*\*158.75

Principal Place of Business

Mailing Address

2701 N. HIMES AVE.  
SUITE 104  
TAMPA FL 33607

2701 N. HIMES AVE.  
SUITE 104  
TAMPA FL 33709-3433

2. Principal Place of Business

5322 60<sup>th</sup> STREET N.

3. Mailing Address

5322 60<sup>th</sup> STREET N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3031679

Applied For

Not Applicable

Zip

33709

Country

USA

Zip

33709

Country

USA

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

ROOT, DOMINIQUE W.  
2701 N HIMES AVE. SUITE 104  
TAMPA FL 33607

Name  
EDWARD HENDERSON

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

5322 60<sup>th</sup> STREET NORTH

City  
ST. PETERSBURG

FL

Zip Code  
33709

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

*Edward Henderson*, EDWARD HENDERSON, PRESIDENT

3/06/2000

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	D ROOT, DOMINIQUE W. 10406 LA MIRGE TAMPA FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, EDWARD 235 19TH AVE. ST. PETERSBURG FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EDWARD HENDERSON 5322 60 <sup>th</sup> STREET NORTH ST. PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKERSON, CHRISTOPHER 10810 N 62ND ST TEMPLE TERRACE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edward Henderson* EDWARD HENDERSON 3/06/2000 727-545-2850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #