

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90038 024 \*\*\*158.75

**DOCUMENT # L91023**

1. Entity Name  
**TAMPA INTERNATIONAL FORWARDING, INC.**

Principal Place of Business  
**5322 60TH ST N**  
**SAINT PETERSBURG FL 33709**

Mailing Address  
**5322 60TH ST N**  
**SAINT PETERSBURG FL 33709**

2. Principal Place of Business  
**1690 FOX ROAD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1690 FOX ROAD**  
 Suite, Apt. #, etc.

City & State  
**CLEARWATER, FLORIDA**

City & State  
**CLEARWATER, FLORIDA**

4. FEI Number **59-3031679**

Applied For  
 Not Applicable

Zip Country  
**33764 USA**

Zip Country  
**33764 - USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HENDERSON, EDWARD**  
**5322 60TH ST N**  
**SAINT PETERSBURG FL 33709**

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

Name  
**HENDERSON, EDWARD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1690 FOX ROAD**  
 City **CLEARWATER** **FL** Zip Code **33764**

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, 2002 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 **P** ☐ Delete  
 NAME **HENDERSON, EDWARD**  
 STREET ADDRESS **5322 60TH ST N**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1690 FOX ROAD**  
 CITY-ST-ZIP **CLEARWATER, FLORIDA 33763**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP


TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11 JANUARY, 2002**

**727-536-9800**

Date

Daytime Phone #

CP2E034 (9/01)