

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90222 033 ***150.00

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DOCUMENT # P00000038276

1. Entity Name
TPS MATERIALS, INC.



Principal Place of Business
**C/O D.E. SCHWARTZ
702 NORTH FRANKLIN STREET
TAMPA FL 33602**

Mailing Address
**C/O D.E. SCHWARTZ
P.O. BOX 111
TAMPA FL 33601-0111**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3647842**

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 NORTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	EUSTACE, R.K.	
STREET ADDRESS	702 NORTH FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILLETTE, G.L.	
STREET ADDRESS	702 NORTH FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LUDWIG, R.E.	
STREET ADDRESS	702 NORTH FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHWARTZ, D.E.	
STREET ADDRESS	702 N. FRANKLIN ST.	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENNINGS, G.D.	
STREET ADDRESS	702 N. FRANKLIN ST.	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, L.A.	
STREET ADDRESS	702 N. FRANKLIN ST.	
CITY-ST-ZIP	TAMPA FL 33602	

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *D.E. Schwartz* **D.E. Schwartz** 4/28/03 813/228-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)