

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048579

1. Entity Name
TRAMWAY CONSTRUCTORS, INC.

Principal Place of Business

~~3409 MCKAY AVE.~~
~~TAMPA FL 33609~~

ok
no change

Mailing Address

~~3409 MCKAY AVE.~~
~~TAMPA FL 33609~~

2. Principal Place of Business

3409 MCKAY AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 25935

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FLORIDA

Zip

33609

Country

USA

Zip

33622

Country

USA

4. FEI Number

59-3646716

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONE, ASHLEY R SR.
3409 MCKAY AVE.
TAMPA FL 33609

7. Name and Address of New Registered Agent

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

TITLE D
NAME RICE, THOMAS H
STREET ADDRESS 1301 BROOKER RD.
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE D
NAME CONE, ASHLEY R SR.
STREET ADDRESS 3409 MCKAY AVE.
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

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 D/P
NAME RICE, THOMAS H
STREET ADDRESS 1301 BROOKER RD
CITY-ST-ZIP BRANDON FL 33511 ☒ Change ☐ Addition

TITLE D/P
NAME CONE, ASHLEY R SR
STREET ADDRESS 3409 MCKAY AVE
CITY-ST-ZIP TAMPA FL 33609 ☒ Change ☐ Addition

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: *Ashley Z. Cone, V.P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01 813-875-2339
Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE