

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90062 016 ***150.00

DOCUMENT # P00000070538

1. Entity Name
TAMPA EXPRESS TRANSPORTATION, INCORPORATED



90077407

Principal Place of Business
**1506 E. BOUGAINVILLE AVENUE
TAMPA, FL 33612**

Mailing Address
**1506 E. BOUGAINVILLE AVENUE
TAMPA, FL 33612**

2. Principal Place of Business
6308 N. ARMENIA AVE

3. Mailing Address
1506 E. BOUGAINVILLE AVE



04262005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
59-3662731

Applied For
Not Applicable

Zip
33604

Country
HILLSBOROUGH

Zip
33612

Country
HILLSBOROUGH

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

**UPIA, FELIX
1506 E. BOUGAINVILLE AVENUE
TAMPA, FL 33612**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 **P** ☐ Delete
NAME **UPIA, FELIX**
STREET ADDRESS **1506 E. BOUGAINVILLE AVENUE**
CITY - ST - ZIP **TAMPA, FL 33612**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: FELIX UPIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05

Date

(813) 676-0802

Daytime Phone #