

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90105 006 ***150.00

DOCUMENT # P00000099820

1. Entity Name
TPS GP, INC.

Principal Place of Business
**702 NORTH FRANKLIN STREET
 TAMPA FL 33602**

Mailing Address
**702 NORTH FRANKLIN STREET
 TAMPA FL 33602**

2. Principal Place of Business
**c/o D.E. Schwartz
 Suite, Apt. #, etc.
 702 N. Franklin St.**

3. Mailing Address
**c/o D.E. Schwartz
 Suite, Apt. #, etc.
~~702~~ P.O. Box 111**

City & State
Tampa FL
 Zip
33602

City & State
Tampa, FL
 Zip
33602-0111
 Country
US

4. FEI Number
69-3684514

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCDEVITT, SHEILA M
 702 NORTH FRANKLIN STREET
 TAMPA FL 33602**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUDWIG, R.E.			NAME			
STREET ADDRESS	702 NORTH FRANKLIN STREET			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EUSTACE, R.K.			NAME			
STREET ADDRESS	702 NORTH FRANKLIN STREET			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILLETTE, G.L.			NAME			
STREET ADDRESS	702 NORTH FRANKLIN STREET			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARTZ, D.E.			NAME			
STREET ADDRESS	702 NORTH FRANKLIN STREET			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JENNINGS, G.D.			NAME			
STREET ADDRESS	702 NORTH FRANKLIN STREET			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, L.A.			NAME			
STREET ADDRESS	702 NORTH FRANKLIN STREET			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			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: *D.E. Schwartz* **DATE:** 4/30/02 **DAYTIME PHONE #:** (813) 225-1808
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)