

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90156 032 ***150.00

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1. Entity Name
**TRANSPORTATION MANAGEMENT SERVICES OF
HILLSBOROUGH, INC.**

Principal Place of Business
**7740 66TH STREET
PINELLAS PARK, FL 33781**

Mailing Address
**7740 66TH STREET
PINELLAS PARK, FL 33781**

60032093



2. Principal Place of Business - No P.O. Box #

13825 Icot Blvd.

3. Mailing Address

13825 Icot Blvd.

Suite, Apt. #, etc.

Suite 613

Suite, Apt. #, etc.

Suite 613

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33760

Country

Zip

33760

Country

04142008

Chg-P

CR2E034 (12/06)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HENDRIX, DAVID S
201 NORTH FRANKLIN STREET
SUITE 2200
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. 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MINARDI, DARRYL
STREET ADDRESS 4875 FLAMINGO ROAD
CITY-ST-ZIP TAMPA, FL 33611

TITLE VD ☐ Delete
NAME CAMBAS, NICHOLAS A
STREET ADDRESS 7740 66TH STREET
CITY-ST-ZIP PINELLAS PARK, FL 33781

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2939 Elysium way
CITY-ST-ZIP Clearwater, FL 33759

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas Cambas

Date

Daytime Phone #