

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008217

1. Entity Name

TRANSPORTATION STRUCTURES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90171 036 ***150.00

Principal Place of Business

5614 EAST POWHATAN AVENUE
TAMPA FL 33610

Mailing Address

P. O. BOX 1014
TAMPA FL 33601-1014
US

2. Principal Place of Business

7860 PROFESSIONAL PLACE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

33637

Country

USA

Country

4. FEI Number

59-3188733

Applied For

Not Applicable

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

STANLEY, MICHAEL K
5614 E POWHATAN AVE
TAMPA FL 33160

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, 2000 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
NAME	STANLEY, MICHAEL K	
STREET ADDRESS	5614 E POWHATAN AVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STANLEY, GERALD H JR.	
STREET ADDRESS	5614 E PAWHATAN AVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STANLEY, KENNETH E	
STREET ADDRESS	5614 E PAWHATAN AVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STANLEY, MARK A	
STREET ADDRESS	5614 E PAWHATAN AVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7860 PROFESSIONAL PLACE	
STREET ADDRESS	TAMPA, FL 33637	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7860 PROFESSIONAL PLACE	
STREET ADDRESS	TAMPA, FL 33637	
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gerald H Stanley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 899-4411
Daytime Phone #

CR2E034 (9/99)