

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000008217

1. Entity Name

TRANSPORTATION STRUCTURES, INC.

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90316 018 \*\*\*150.00

Principal Place of Business

7860 PROFESSIONAL PLACE  
TAMPA FL 33637  
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

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

STANLEY, MICHAEL K  
5614 E POWHATAN AVE  
TAMPA FL 33160

## 7. Name and Address of New Registered Agent

Name

STANLEY, MICHAEL K.

Street Address (P.O. Box Number is Not Acceptable)

7860 PROFESSIONAL PLACE

City  
TAMPA

FL

Zip Code  
33637

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

3/19/01

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	P	<input type="checkbox"/> Delete
NAME	STANLEY, MICHAEL K	
STREET ADDRESS	7860 PROFESSIONAL PLACE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STANLEY, GERALD H JR.	
STREET ADDRESS	7860 PROFESSIONAL PLACE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STANLEY, KENNETH E	
STREET ADDRESS	7860 PROFESSIONAL PLACE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STANLEY, MARK A	
STREET ADDRESS	7860 PROFESSIONAL PLACE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)