

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0400154 AV

03-14-2002 90031 007 ***150.00

DOCUMENT # P93000013144

1. Entity Name

TRANSPORTATION CONTRACT SERVICES, INC.

Principal Place of Business

**2045 LAWSON RD.
 CLEARWATER FL 34619**

Mailing Address

**P.O. BOX 14907
 CLEARWATER FL 34279**

2. Principal Place of Business

**16991 US Hwy 19 N
 Suite, Apt. #, etc.**

3. Mailing Address

**16991 US Hwy 19 N
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER FL

City & State
CLEARWATER FL

4. FEI Number **59-3199788**

Applied For
 Not Applicable

Zip
33764

Country

Zip
33764

Country

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

6. Name and Address of Current Registered Agent

**GOLD, AARON J
 703 SWANN AVE.
 TAMPA FL 33606**

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

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, 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

TITLE **D** ☐ Delete
 NAME **CAMBAS, NICHOLAS A**
 STREET ADDRESS **P.O. BOX 14907**
 CITY-ST-ZIP **CLEARWATER FL 34279**

TITLE **D** ☐ Delete
 NAME **WILLIAMS, GEORGE B SR.**
 STREET ADDRESS **150 COMMERCE DR. NORTH**
 CITY-ST-ZIP **LARGO FL 34640**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 #

Nicholas A. Cambas 1-2402 727-26-9776

CR2E034 (9/01)