

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039171

1. Entity Name

TPS HOLDINGS, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90267 001 *1,650.00

11912



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O R. H. KESSEL
702 N. FRANKLIN STREET
TAMPA FL 33602-4418

C/O R.H. KESSEL
P.O. BOX 111
TAMPA FL 33601-0111
US

2. Principal Place of Business

c/o D. E. SCHWARTZ

Suite, Apt. #, etc.
702 N. FRANKLIN STREET

City & State
TAMPA FL

Zip
33602-4429

Country
US

3. Mailing Address

c/o D. E. SCHWARTZ

Suite, Apt. #, etc.
P.O. BOX 111

City & State
TAMPA FL

Zip
33601-0111

Country
US

4. FEI Number 59-3245401

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

MCDEVITT, S.M.
702 N. FRANKLIN STREET
TAMPA FL 33602

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 PD
NAME LUDWIG, R.E.
STREET ADDRESS 702 N. FRANKLIN STREET
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

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

TITLE DT
NAME GILLETTE, G.L.
STREET ADDRESS 702 N. FRANKLIN STREET
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

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

TITLE D
NAME EUSTACE, R.K.
STREET ADDRESS 702 N. FRANKLIN STREET
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

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

TITLE V
NAME JENNINGS, G.D.
STREET ADDRESS 702 N. FRANKLIN STREET
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE
NAME JENNINGS, JR., G. D.
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE V
NAME MILLER, L. A.
STREET ADDRESS 702 N. FRANKLIN STREET
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

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

TITLE S
NAME SCHWARTZ, D.E.
STREET ADDRESS 702 N. FRANKLIN STREET
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

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

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 (9/99)