

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085082

1. Entity Name
TPS GUATEMALA ONE, INC.

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90075 014 ***150.00

Principal Place of Business

Mailing Address

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

C/O R.H. KESSEL
P.O. BOX 111
TAMPA FL 33602-0111
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o D.E. Schwartz
Suite, Apt. #, etc.
702 North Franklin Street
City & State
Tampa, FL

c/o D.E. Schwartz
Suite, Apt. #, etc.
P.O. Box 111
City & State
Tampa, FL

4. FEI Number 59-3282441

Applied For
Not Applicable

Zip
33602

Country
US

Zip
33602-0111

Country
US

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, 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

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 33602-4418 ☐ Delete

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

TITLE TD
NAME GILLETTE, G. L.
STREET ADDRESS 702 N. FRANKLIN STREET
CITY-ST-ZIP TAMPA FL 33602-4418 ☐ 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 33602-4418 ☐ Delete

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

TITLE V
NAME JENNINGS, G. D. JR.
STREET ADDRESS 702 N. FRANKLIN STREET
CITY-ST-ZIP TAMPA FL 33602-4418 ☐ Delete

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

TITLE V
NAME MILLER, L. A.
STREET ADDRESS 702 N. FRANKLIN STREET
CITY-ST-ZIP TAMPA FL 33602-4418 ☐ 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 33602-4418 ☐ 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

R.E. Ludwig

April 27, 2001

813-228-1111

Date

Daytime Phone #

CR2E034 (10/00)