

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029998

1. Entity Name

TRANSPORTATION RESOURCES, INC.

Principal Place of Business

497 E. SEMORAN BLVD., STE 177
CASSELBERRY FL 32707

Mailing Address

497 E. SEMORAN BLVD., STE 177
CASSELBERRY FL 32707-4935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3316030

Applied For?

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WORKMAN, JOSEPH
823 WOODS CT
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name WORKMAN, Joseph

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

2400 McINTOSH WAY

City MAITLAND

FL

Zip Code 32751

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

1-4-00

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

TITLE P
NAME WORKMAN, JOSEPH E
STREET ADDRESS 823 WOODS COURT
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE VS
NAME WORKMAN, DEBBIE
STREET ADDRESS 823 WOODS COURT
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WORKMAN, Joseph E
STREET ADDRESS 2400 McINTOSH WAY
CITY-ST-ZIP MAITLAND, FL 32751 ☒ Change ☐ Addition

TITLE VS
NAME WORKMAN, Debbie
STREET ADDRESS 2400 McINTOSH WAY
CITY-ST-ZIP MAITLAND, FL 32751 ☒ Change ☐ Addition

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

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

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

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 #

1-4-00

407-831-0700

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90079 008 ***150.00

00000000



DO NOT WRITE IN THIS SPACE