

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000044347**1. Entity Name
TRANSPORTATION INVESTOR SERVICES CORPORATION

Principal Place of Business

105 N. VICTORIA PARK RD.

FT. LAUDERDALE
333013745

FL

Mailing Address

105 N. VICTORIA PARK RD.

FT. LAUDERDALE
333013745

FL

2. Principal Place of Business

320 N. GORDON RD.

3. Mailing Address

320 N. GORDON RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE

FL

City & State

FT. LAUDERDALE

FL

Zip

333013745

Country

Zip

333013745

Country

4. FEI Number

59-3319525

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEMAN EARL L
105 N. VICTORIA PARK RD.FT. LAUDERDALE
333013745

FL

US

7. Name and Address of New Registered Agent

Name

FREEMAN EARL L

Street Address (P.O. Box Number is Not Acceptable)
320 N. GORDON RD.

City

FT. LAUDERDALE

FL

Zip Code
333013745

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 _____ 04/30/2001

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete
NAME	FREEMAN EARL L	
STREET ADDRESS	105 N. VICTORIA PARK RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 333013745	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAP BENJAMIN P	
STREET ADDRESS	320 N. GORDON RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN EARL L	
STREET ADDRESS	320 N. GORDON RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 333013745	
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: Earl L Freeman

PD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)