

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2000 08:00 AM  
Secretary of State

DOCUMENT # P95000052618

1. Entity Name

TRANSWORLD PROFESSIONAL ASSOCIATES, INC.

Principal Place of Business

4115 W. SPRUCE ST

TAMPA  
33607

FL

Mailing Address

5201 W. KENNEDY BLVD.,

SUITE 604

TAMPA  
33609

FL

2. Principal Place of Business

3. Mailing Address  
4010 BOY SCOUT BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
SUITE 585

City & State

City & State  
TAMPA

FL

Zip

Country

Zip

Country

33607

4. FEI Number

59-3357423

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODWIN JAMES W  
400 N. TAMPA ST  
SUITE 2300  
TAMPA  
33602

FL

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)

04/14/2000

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 D ☐ Delete  
NAME GLASS SKIP  
STREET ADDRESS 5201 W. KENNEDY BLVD. SUITE 604  
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☒ Change ☐ Addition  
NAME GLASS SKIP  
STREET ADDRESS 4010 BOY SCOUT BLVD. SUITE 585  
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Skip Glass

D 04/14/2000