

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028071 AV

DOCUMENT # P96000062926

1. City Name

TRANSPORTATION SUPPLIERS, INC.

FILED

01 DEC 21 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1000 N. FEDERAL HWY  
POMPANO BEACH FL 33062  
US

Mailing Address

1000 N. FEDERAL HWY  
POMPANO BEACH FL 33062  
US

2. Principal Place of Business

201 SE 6<sup>th</sup> Street

Suite, Apt. #, etc.

375

City & State

Ft Lauderdale FL

Zip

33301

Country

Broward

3. Mailing Address

3711 NW 84 Ave

Suite, Apt. #, etc.

4-D

City & State

Sunrise FL

Zip

33351

Country

Broward

4. FEI Number

65-0709998

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOVER, WILLARD D

NILES, DOBBINS, MEEKS, RALEIGH & DOVER

2601 E. OAKLAND PARK BLVD., #400

FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

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

400004765394--0

-01/10/02--01074--008

\*\*\*\*750.00

\*\*\*\*750.00

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 ARMSTRONG, WILLIAM J  
STREET ADDRESS 1000 N. FEDERAL HWY  
CITY-ST-ZIP POMPANO BEACH FL 33062 ☒ Delete

TITLE AS  
NAME WITTER, CAROL L  
STREET ADDRESS 1000 N. FEDERAL HWY  
CITY-ST-ZIP POMPANO BEACH FL 33062 ☒ 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 William J. Armstrong ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 30725 S. Federal Highway  
CITY-ST-ZIP Homestead, Fl. 33030

TITLE Carol L. Witter ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 30725 S. Federal Highway  
CITY-ST-ZIP Homestead, Fl. 33030

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:

CAROL L. WITTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-25-01

Daytime Phone #

954-649-1328

CR2E034 (5/01)