

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
 04-11-2002 90007 040 ***150.00

0469656 AV

DOCUMENT # P96000072481

1. Entity Name

TRAFFIC SCHOOL CENTRAL REFERRAL, INC.

Principal Place of Business

**818 ROCKINGHAM RD
 LAKELAND FL 33804
 US**

Mailing Address

**818 ROCKINGHAM RD
 LAKELAND FL 33804
 US**

2. Principal Place of Business

**129 S. KENTUCKY AVE.
 Suite, Apt. #, etc.
 STE 503**

3. Mailing Address

**129 S. KENTUCKY AVE.
 Suite, Apt. #, etc.
 STE 503**

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip

33801

Country

POLK

Zip

33801

Country

POLK

4. FEI Number

74-2796301

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

**PAIRAN, JEFFREY R.
 818 ROCKINGHAM ROAD
 SUITE 251
 LAKELAND FL 33809**

7. Name and Address of New Registered Agent

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	WINNINGHAM, GLENN	
STREET ADDRESS	8323 SW FREEWAY, SUITE 900	
CITY-ST-ZIP	HOUSTON TX 77074	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	VENDETTI, PHILIP R	
STREET ADDRESS	129 S. KENTUCKY AVE.	
CITY-ST-ZIP	LAKELAND FL 33804	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WINNINGHAM, ANTOINETTE	
STREET ADDRESS	8323 SW FREEWAY, SUITE 900	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	PREJEAN, JOE H	
STREET ADDRESS	8323 SW FREEWAY, SUITE 900	
CITY-ST-ZIP	HOUSTON TX	
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		<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		
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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:

Philip R. Vendetti (PHILIP R. VENDETTI)

4-4-02

(863) 683-0854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)