

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039057

1. Entity Name  
TRANSPORTATION CONSULTANTS, INC.

Principal Place of Business  
75 NORTHEAST 6 AVE  
STE 209  
DELRAY BEACH FL 33483

Mailing Address  
75 NORTHEAST 6 AVE  
STE 209  
DELRAY BEACH FL 33483

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 \_\_\_\_\_ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COFOID, THOMAS R 75 NORTHEAST 6 AVE, STE 209 DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: THOMAS COFOID Pres. 2/20/01 561-447 9662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90445 001 \*\*\*150.00  
03-01-2001 90445 002 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)