

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90128 038 \*\*\*150.00

051496 AV

**DOCUMENT # P98000082029**

1. Entity Name

**TRANSPORT SYSTEMS, INC.**

Principal Place of Business

**853 TARAWITT DR.  
 LONGBOAT KEY FL 34228**

Mailing Address

**4134 GULF OF MEXICO DR  
 SUITE 211  
 LONGBOAT KEY FL 34228**

2. Principal Place of Business

**4134 GULF OF MEXICO DR**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0868021**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AUSTIN, SHERRY L  
 853 TARAWITT DR.  
 LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name **SHERRY L. AUSTIN**

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

**660 MARBURY LANE**

City **Longboat Key** FL Zip Code **34228**

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

*Sherry L. Austin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-05-02**

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** ☐ Delete  
 NAME **AUSTIN, ROBERT**  
 STREET ADDRESS **853 TARAWITT DR.**  
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **D** ☐ Delete  
 NAME **AUSTIN, SHERRY L**  
 STREET ADDRESS **853 TARAWITT DR.**  
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **Robert Austin**  
 STREET ADDRESS **660 Marbury Lane**  
 CITY-ST-ZIP **Longboat Key, FL 34228**

TITLE **VICE PRES.** ☒ Change ☐ Addition  
 NAME **SHERRY L. AUSTIN**  
 STREET ADDRESS **660 Marbury Lane**  
 CITY-ST-ZIP **Longboat Key, FL 34228**

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

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

TITLE ☐ Change ☐ Addition  
 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:

*Sherry L. Austin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-05-02**

Date

**941-387-0711**

Daytime Phone #

CR2E034 (9/01)