

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051041

1. Entity Name  
TRANSPORTATION INFORMATION SERVICES, INC.

Principal Place of Business  
2001 NE 12TH AVE.  
OCALA FL 34470

Mailing Address  
2001 NE 12TH AVE.  
OCALA FL 34470

2. Principal Place of Business  
P.O. Box 121251  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 121251  
Suite, Apt. #, etc.

City & State  
CLERMONT, FL

City & State  
CLERMONT FL

Zip  
34712

Country  
US

Zip  
34712

Country  
US

4. FEI Number 59-3586093

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

POHLAR, JEFFRY  
2001 NE 12TH AVE.  
OCALA FL 34470

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PVST  
NAME POHLAR, JEFFRY  
STREET ADDRESS 2001 NE 12TH AVE.  
CITY-ST-ZIP Ocala FL 34470 ☐ Delete

TITLE D  
NAME POHLAR, JEFFRY  
STREET ADDRESS 2001 NE 12TH AVE.  
CITY-ST-ZIP Ocala FL 34470 ☐ 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  
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

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: \_\_\_\_\_  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Jan 09, 2002 8:00 am**  
**Secretary of State**

01-09-2002 90020 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0561916 AV

CR2E034 (9/01)

1-04-02 888-827-3836

Date Daytime Phone #