


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90279 038 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068525	
1. Entity Name Traffic Count Resources Field Services of Florida, Inc	

DO NOT WRITE IN THIS SPACE

11013963

2. Principal Place of Business 2556 Woodgate Blvd.	3. Mailing Address 2556 Woodgate Blvd.
Suite, Apt. #, etc. Suite 106	Suite, Apt. #, etc. Suite 106
City & State Orlando, FL	City & State Orlando, FL
Zip 32822	Country Orange

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3605603	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Carlos Avellaneda	
	Street Address (P.O. Box Number is Not Acceptable) 2556 Woodgate Blvd.	
	City Orlando	Zip Code FL 32822

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **April 21, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Avellaneda, Carlos 2556 Woodgate Blvd. Suite 106 Orlando, FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **April 21, 2003 (407) 375-9697**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)