

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90118 027 ***150.00

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DOCUMENT # P99000087916

1. Entity Name
TRAFFIC SERVICES, INC.



Principal Place of Business
**815 KRAFT ROAD
LAKELAND FL 33815**

Mailing Address
**815 KRAFT ROAD
LAKELAND FL 33815**



2. Principal Place of Business
405 E. Terrace Dr.
Suite, Apt. #, etc.

3. Mailing Address
405 E. Terrace Dr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Plant City, FL
Zip
33563-9020
Country
USA

City & State
Plant City, FL
Zip
33563-9020
Country
USA

4. FEI Number **59-3601279**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PULLEN, CHARLES
815 KRAFT ROAD
LAKELAND FL 33815**

7. Name and Address of New Registered Agent

Name
Pullen, Charles
Street Address (P.O. Box Number is Not Acceptable)
405 E. Terrace Dr.
City
Plant City FL Zip Code
33563-9020

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 **Charles Pullen - President** DATE **3/28/03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SMITH, STEPHEN**
STREET ADDRESS **815 KRAFT ROAD**
CITY-ST-ZIP **LAKELAND FL 33815**

TITLE **D** ☐ Delete
NAME **PULLEN, CHARLES B**
STREET ADDRESS **815 KRAFT ROAD**
CITY-ST-ZIP **LAKELAND FL 33815**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Smith, Stephan**
STREET ADDRESS **405 E. Terrace Dr.**
CITY-ST-ZIP **Plant City, FL 33563-9020**

TITLE **D** ☒ Change ☐ Addition
NAME **Pullen, Charles B**
STREET ADDRESS **405 E. Terrace Dr.**
CITY-ST-ZIP **Plant City, FL 33563-9020**

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Charles Pullen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/28/03** (813) 659-1777
Daytime Phone #

CR2E034 (10/02)