

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90397 036 ***150.00

DOCUMENT # P99000091037

1. Entity Name
TOTAL TRANSPORTATION SERVICES, INC.

Principal Place of Business
12765 WEST FOREST BLVD.
SUITE 1316
WELLINGTON FL 33414

Mailing Address
PO BOX 6505
DELRAY BEACH FL 33482

2. Principal Place of Business
4811 Concordia Lane

3. Mailing Address
4811 Concordia Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

4. FEI Number **65-0954420**

Applied For
 Not Applicable

Zip **33436**

Country

Zip **33436**

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERTSON, RHONDA T
128 VIA D'ESTE
609
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

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

4811 Concordia Lane

City **Boynton Beach**

FL

Zip Code **33436**

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 *Rhonda T. Robertson*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/14/02
 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, 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 **P** ☐ Delete
 NAME **ROBERTSON, DALE L**
 STREET ADDRESS **128 VIA D'ESTE 609**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **STO** ☐ Delete
 NAME **ROBERTSON, RHONDA**
 STREET ADDRESS **128 VIA D'ESTE 609**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 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 **P** ☒ Change ☐ Addition
 NAME **ROBERTSON, DALE L**
 STREET ADDRESS **4811 CONCORDIA LANE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **STO** ☐ Change ☐ Addition
 NAME **ROBERTSON, RHONDA**
 STREET ADDRESS **4811 CONCORDIA LANE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/02 (866) 495-2847

CR2E034 (9/01)