

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90267 001 \*1,650.00

DOCUMENT #

P99000095366

Entity Name

TPS HAWAII, INC.

Principal Place of Business

Mailing Address

Principal Place of Business

c/o D. E. SCHWARTZ

Suite, Apt. #, etc.

702 NORTH FRANKLIN STREET

City & State

TAMPA FL 33602

Zip

33602-4429

Country

US

3. Mailing Address

c/o D. E. SCHWARTZ

Suite, Apt. #, etc.

P.O. BOX 111

City & State

TAMPA FL 33602-4429

Zip

33601-0111

Country

US

4. FEI Number

593637331

xx Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCDEVITT, S. M.

702 NORTH FRANKLIN STREET

TAMPA FL 33602

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent Signature required when reinstating)

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, 2000 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LUDWIG, R. E.		
STREET ADDRESS	702 NORTH FRANKLIN STREET		
CITY-ST-ZIP	TAMPA FL 33602		
TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GILLETTE, G. E.		
STREET ADDRESS	702 NORTH FRANKLIN STREET		
CITY-ST-ZIP	TAMPA, FL 33602		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EUSTACE, R. K.		
STREET ADDRESS	702 NORTH FRANKLIN STREET		
CITY-ST-ZIP	TAMPA, FL 33602		
TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, D. E.		
STREET ADDRESS	702 NORTH FRANKLIN STREET		
CITY-ST-ZIP	TAMPA FL 33602		
TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JENNINGS, JR., G. D.		
STREET ADDRESS	702 NORTH FRANKLIN STREET		
CITY-ST-ZIP	TAMPA FL 33602		
TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MILLER, L. A.		
STREET ADDRESS	702 NORTH FRANKLIN STREET		
CITY-ST-ZIP	TAMPA FL 33602		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #

D.E. Schwartz 4/27/00 813-225-1808

CR2E034 (9/99)