## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # P99000095366 TPS HAWAII, INC. 05-04-2001 90075 018 \*\*\*150.00 Principal Place of Business Mailing Address 702 NORTH FRANKLIN STREET 702 NORTH FRANKLIN STREET TAMPA FL 33602 **TAMPA FL 33602** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3637331 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDEVITT, S.M. Street Address (P.O. Box Number is Not Acceptable) 702 NORTH FRANKLIN STREET TAMPA FL 33602 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition EUSTACE, R.K. NAME NAME STREET ADDRESS 702 NORTH FRANKLIN STREET STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP TD TITLE ☐ Delete TITLE Change ☐ Addition GILETTE, G.L. NAME NAME STREET ADDRESS 702 NORTH FRANKLIN STREET STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP PD TITE F Delete TITLE Change ☐ Addition LUDWIG, R.E. NAME NAME 702 NORTH FRANKLIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-7IP ☐ Delete TITLE Change Addition MILLER, L.A. NAME NAME STREET ADDRESS 702 N. FRANKLIN ST. STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition JENNINGS, JR., G.D. NAME NAME 702 N. FRANKLIN ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition SCHWARTZ, D.E. NAME NAME STREET ADDRESS 702 N. FRANKLIN ST. STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 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 of the corporation of th

SIGNATURE:

TYPED OR PRINTED NAME S SIGNING OFFICER OR DIRECTOR R.E. Ludwig