

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S82626

1. Entity Name

TRANSPORTATION ASSOCIATES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90129 028 ***150.00

Principal Place of Business

315 WILDERMERE RD
WEST PALM BEACH FL 33401

Mailing Address

P.O. BOX 201
PALM BEACH FL 33480-0201
US

2. Principal Place of Business

1527 S. FLAGLER DR.

3. Mailing Address

Suite, Apt. #, etc.

APT. 302 F

City & State

WEST PALM BEACH FL

Zip

33401

Country

USA

Country

4. FEI Number

65-0288741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPITALE, LAWRENCE P.
1527 S. FLAGLER DRIVE
APT. 302-F
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Lawrence P. Spitali

2/7/00

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 **D PRESIDENT-DIRECTOR** ☐ Delete
NAME SPITALE, LAWRENCE P.
STREET ADDRESS 1527 S. FLAGLER DR #302F
CITY-ST-ZIP WEST PALM BEACH FL

TITLE **VICE PRESIDENT - SECRETARY** ☐ Delete
NAME ROGERS, VICKY E.
STREET ADDRESS 1527 S. FLAGLER DR. #302F
CITY-ST-ZIP WEST PALM BEACH FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Lawrence P. Spitali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00 561-832-6811

Date

Daytime Phone #

CR2E034 (9/99)