FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 24, 2002 8:00 am Secretary of State DOCUMENT # S96815 1. Entity Name 01-24-2002 90115 018 \*\*\*158 TRANSPORTATION ENGINEERING, INC. Principal Place of Business Mailing Address 300 PRIMERA BLVD # 200 300 PRIMERA BLVD # 200 LAKE MARY FL 32746 LAKE MARY FL 32746 US US 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 59-3094436 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NUNEZ, ANDRES E. JR Street Address (P.O. Box Number is Not Acceptable) 12003 MIDDLEBURY DR TAMPA FL 33626 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees «See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NUNEZ, ANDRES E JR. NAME NAME STREET ADDRESS 12003 MIDDLEBURY DR STREET ADDRESS CITY-ST-ZIP TAMPA FL 33626 CITY-ST-ZIP TITLE **VSD** ☐ Delete TITLE Change ☐ Addition NAME GWYNN, DAVID W JR. NAME STREET ADDRESS STREET ADDRESS **627 FOX HUNT CIRCLE** CITY-ST-ZIP-LONGWOOD FL 32750 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE. ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attache

W.GWYNN, JR.