

Y01491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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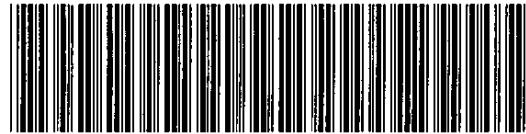
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RACH CY  
8-27-07

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Greater Pinellas Transportation Management Services, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** V01491

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian R. Crane

(Name of Contact Person)

Greater Pinellas Trans. Management Services, Inc.

(Firm/Company)

13825 ICOT Blvd., Suite 613

(Address)

Clearwater, FL 33760

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Miller

(Name of Contact Person)

at ( 727 ) 545-1929

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Greater Pinellas Transportation Management Services, Inc.
2. The principal office address: 13825 ICOT Blvd., Suite 613, Clearwater, FL 33760
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 12/19/1991 Document number: V01491
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Aaron J. Gold  
704 West Bay St.  
St. Petersburg, FL 33706

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

**\* CHANGE  
OF  
ADDRESS  
ONLY!**

202 S. ROME AVENUE , SUITE 100  
(P.O. Box NOT acceptable)  
TAMPA, FL 33606

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

George B. Williams

(Signature of an officer or director)

George B. Williams, Jr. - President

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

August 21, 2007

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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TALLAHASSEE, FLORIDA