

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90050 017 ***150.00

DOCUMENT # P04798

1. Entity Name
TRAFFICOPTERS, INC.

Principal Place of Business

**17450 104 TERR.
 JUPITER FL 33478**

Mailing Address

**17450 104 TERR.
 JUPITER FL 33478**

2. Principal Place of Business

2810 NW 20th TRAIL
 Suite, Apt. #, etc.

3. Mailing Address

2810 NW 20th TRAIL
 Suite, Apt. #, etc.

City & State

OKEECHOBEE FL

City & State

OKEECHOBEE, FL

4. FEI Number

35-1420209

Applied For

Not Applicable

Zip

34972

Country

OKEECHOBEE

Zip

34972

Country

OKEECHOBEE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ROGERS, RANDALL T. 17450 104TH TERRACE- JUPITER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, MARY DIANE 17450 104TH TERRACE JUPITER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. ROGERS, RANDALL T. 4232 SW 16th ST OKEECHOBEE, FL 34974	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, MARY DIANE 4232 SW 16th ST OKEECHOBEE, FL 34974	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)