

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0100115 AV

DOCUMENT # **562114**

1. Entity Name  
**TRANPO ELECTRONICS, INC.**

04-11-2002 90069 006 \*\*\*150.00

Principal Place of Business  
**2150 BREngle AVE**  
**ORLANDO FL 32808**

Mailing Address  
**2150 BREngle AVE**  
**ORLANDO FL 32808**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1844158**

Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

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

**DEVERALL, ROBERT M.**  
**3526 HOLIDAY AVENUE**  
**APOPKA FL 32703**

Name: **RICHARD CIESLAK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1260 McNEIL WOODS PL**  
 City: **ALTAMONTE SPRINGS 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

**Richard Cieslak - Transular**

**1-4-02**

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	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>OROPEZA, FRANK W.</b>	
STREET ADDRESS	<b>5803 BEARLAKE ROAD</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>OROPEZA, FRANK C.</b>	
STREET ADDRESS	<b>3101 CECELIA DR.</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>OROPEZA, ANNE S.</b>	
STREET ADDRESS	<b>3101 CECELIA DR.</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEVERALL, ROBERT M.</b>	
STREET ADDRESS	<b>3526 HOLIDAY AVE.</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CIESLAK, RICHARD</b>	
STREET ADDRESS	<b>1260 McNEIL WOODS PL</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OROPEZA, FRANK W</b>	
STREET ADDRESS	<b>1097 HIGHLAND ACRES</b>	
CITY-ST-ZIP	<b>APOPKA, FL 32703</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/02**  
 Date

**(407) 298-4563**  
 Daytime Phone #

CR2E034 (9/01)