2001 UNIFORM BUSINESS REPORT (UBR) Apr 13, 2001 8:00 am Secretary of State **DOCUMENT # P00000025357** 1. Entity Name TRANSCEND DEVELOPMENT CORP. 04-13-2001 90095 034 ***150.00 Principal Place of Business Mailing Address 13005 WATERFORD RUN DRIVE 13005 WATERFORD RUN DRIVE RIVERVIEW FL 33569 RIVERVIEW FL 33569 Mailing Address 2. Principal Place of Business 3626 Erindale 3626 Erindale Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 3646732 Çity & State Applied For City & State alrico Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOODWARD, ANTHONY G Street Address (P.O. Box Number is Not Acceptable) 2024 W. CLEVELAND STREET TAMPA FL 33606 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 DATE 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVSD** Addition ☐ Delete TITLE TITLE HASBINI, ALI NAME NAME 3626 Erindale Dr Valrico FL 32596 STREET ADDRESS STREET ADDRESS 13005 WATERFORD RUN DRIVE CITY-ST-ZIP CITY-ST-ZIP **RIVERVIEW FL 33569** Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 trusted 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Delete

411010

813-681-8419

☐ Change

☐ Addition

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