FILED

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## May 05, 2003 8:00 am Secretary of State P00000025357 DOCUMENT # 05-05-2003 91396 001 \*\*\*150.00 1. Entity Name TRANSCEND DEVELOPMENT CORP. Principal Place of Business Mailing Address 3626 ERINDALE DRIVE 3626 ERINDALE DRIVE VALRICO FL 33594 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3646732 Applied For City & State City & State Not Applicable 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 Name HASBINI, ALI Street Address (P.O. Box Number is Not Acceptable) 3626 ERINDALE DR. VALRICO FL 33594 City Zip Code 3. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVSD** TITLE TITLE. □ Delete Addition HASBINI, ALI NAME NAME 3626 ERINDALE DRIVE STREET ADDRESS STREET ADDRESS Valrico fl 33594 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE **▼** Addition ☐ Change RUBERT APPLEYARD NAME NAME 3626 ERINDALE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 Addition TITLE ☐ Delete TITLE ☐ Change SAIL IN POPOVICH BURGE ERINDALE DR NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP VALRICO FL 33594 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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

SIGNATURE:

12. I hereby certify that the information supplied with this filing goes no indicated on this report or supplemental report is true and accurate of the corporation or the receiver or sustee emptwered to execute changed, or on an attachment with an address, with all other like are

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SIGNATURE AND TYPED OF

the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information by signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if