

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90287 004 ***158.75

0503179 AV

DOCUMENT # P01000016484

1. Entity Name
TRANSJET, INC.

Principal Place of Business
**3470 CLUB CENTER BLVD.
 NAPLES FL 34114**

Mailing Address
**3470 CLUB CENTER BLVD.
 NAPLES FL 34114**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 200

City & State

City & State
Naples, FL

4. FEI Number

59-3699180

Applied For

Not Applicable

Zip

Country

Zip

34103

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WOODWARD, MARK J ESQ.
 606 BALD EAGLE DR.
 MARCO ISLAND FL 34146**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3200 Tamiami Trail North, Suite 200

City **Naples, FL**

FL

Zip Code

34103

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 **D** Delete
 NAME **FERRAO, AUBREY J**
 STREET ADDRESS **3470 CLUB CENTER BLVD.**
 CITY-ST-ZIP **NAPLES FL 34114**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **WOODWARD, MARK J**
 STREET ADDRESS **606 BALD EAGLE DR., SUITE 500**
 CITY-ST-ZIP **MARCO ISLAND FL 34146**

TITLE Change Addition
 NAME
 STREET ADDRESS **3200 Tamiami Trail North, Suite 200**
 CITY-ST-ZIP **Naples, FL 34103**

TITLE **SD** Delete
 NAME **DINARDO, ANTHONY**
 STREET ADDRESS **3470 CLUB CENTER BLVD.**
 CITY-ST-ZIP **NAPLES FL 34114**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change 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)
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

(239) 732-9400

Daytime Phone #

CR2E034 (9/01)