

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

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