

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90067 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9500000 3686

1. Entity Name

TRANSED, INC.

DO NOT WRITE IN THIS SPACE

B0135160

2. Principal Place of Business

Florida

3. Mailing Address

124 E. Miracle Strip Pkwy

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

City & State

Mary Esther FL

City & State

4. FEI Number

22-2690731

Applied For

Not Applicable

Zip

32569

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name GERE TIMBERLAKE

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

124 E. Miracle Strip Parkway

Suite 101

City

Mary Esther

FL

Zip Code

32569

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$350.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + CEO GERE TIMBERLAKE 124 E. Miracle Strip Pkwy
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY ESTHER, FL. 32569
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: GERE TIMBERLAKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-02

Date

850-796-2579

Daytime Phone #

CR2E034B (12/01)