

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004415

1. Entity Name

TRANS KEYS UMBRELLA, INC.

**FILED**  
Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90149 003 \*\*\*150.00

713298



DO NOT WRITE IN THIS SPACE

Principal Place of Business

18160 HWY. 281 N.  
SUITE 108 BOX 167  
SAN ANTONIO TX 78232

Mailing Address

18160 HWY. 281 N.  
SUITE 108 BOX 167  
SAN ANTONIO TX 78232

2. Principal Place of Business

18160 Hwy. 281 N.  
Suite, Apt. #, etc.

108 Box 167

City & State  
San Antonio, Texas

Zip  
78232

Country  
BEXAR

3. Mailing Address

18160 Hwy. 281 N.  
Suite, Apt. #, etc.

108 Box 167

City & State  
San Antonio, Texas

Zip  
78232

Country  
BEXAR

4. FEI Number 74-2752084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRAIG, WARREN  
1355 PINELLAS BAYWAY S.  
#21  
TIERRA VERDE FL 33715

7. Name and Address of New Registered Agent

Name

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

City

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

Signature, typed or printed name of registered agent and file 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, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CRAIG, WARREN G  
1355 PINELLAS BAY WAY S., #21  
TIERRA VERDE FL 33715

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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

Date

Daytime Phone #

1/31/01 210-946-6506

CR2E034 (10/00)