

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90813 001 \*\*\*150.00

0587095 AV

**DOCUMENT # G60193**

1. Entity Name  
**TRANS CONTAINAIRE, INC.**



Principal Place of Business  
**3833 DARSTON STREET  
PALM HARBOUR FL 34685.**

Mailing Address  
**3833 DARSTON STREET  
PALM HARBOUR FL 34685**

2. Principal Place of Business  
**800 TARPON WOODS BLVD  
Suite, Apt. #, etc.  
F3**

3. Mailing Address  
**800 TARPON WOODS BLVD  
Suite, Apt. #, etc.  
F3**

City & State  
**PALM HARBOR FL**

City & State  
**PALM HARBOR FL**

Zip Country  
**34685 USA**

Zip Country  
**34685 USA**

4. FEI Number **59-2329596**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NIXON, MARILYN A  
3829 DARSTON ST  
PALM HARBOR FL 34685**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☐ Delete  
NAME **INMAN, ROBERT J.**  
STREET ADDRESS **4428 WORTHINGTON CIRCLE**  
CITY-ST-ZIP **PALM HARBOUR FL 34685**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **PALM HARBOR**

TITLE **PD** ☐ Delete  
NAME **NIXON, MARILYN A.**  
STREET ADDRESS **3829 DARSTON STREET**  
CITY-ST-ZIP **PALM HARBOR FL 34685**

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  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**MARILYN A. NIXON**

**4/25/03 (727) 787-9163**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)