

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90120 037 ***150.00

0116781 AV

DOCUMENT # K46380

1. Entity Name
TRANS-FIX TRANSMISSION, INC.

Principal Place of Business

**1411 W KING ST
COCOA FL 32922**

Mailing Address

**1411 W KING ST
COCOA FL 32922**

2. Principal Place of Business

1445 W. KING ST

Suite, Apt. #, etc.

3. Mailing Address

1445 W. KING ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

COCOA, FL

City & State

COCOA, FL

4. FEI Number **59-2916191**

Applied For

Not Applicable

Zip **32922**

Country

Zip **32922**

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHILDERS, BONNIE
840 BREVARD AVENUE
SUITE B
ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

Name

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

1445 W. KING ST

City **COCOA**

FL

Zip Code **32922**

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 *Bonnie Childers* **BONNIE Childers SR** **4-17-02**

(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

TITLE **P** ☐ Delete
NAME **CHILDERS, DENNIS S.**
STREET ADDRESS **1111 CONDADO DR**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **ST** ☐ Delete
NAME **CHILDERS, BONNIE**
STREET ADDRESS **1111 CONDADO DR**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *Bonnie Childers* **BONNIE Childers** **4-23-02** **321-631-4522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)