## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DQCUMENT # L76615 1. Entity Name

## TRANSACTION NETWORKS, INC.

Principal Place of Business

Mailing Address

445 STATE RD 13

445 STATE RD 13

SUITE 13
JACKSONVILLE FL 32259

SUITE 13

JACKSONVILLE FL 32259

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2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
City & Stat	le .	City & State		4. FEI Number	65-0198226	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of		\$8.75 Add Fee Require		
	6. Name and Address of Curr	ent Registered Agent		7. Name and A	ddress of New Registered /	gent		
			Name					
1833	IIGAN, EDWARD, T S SWISS OAKS STREET		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
JACI	KSONVILLE, FL 32216							
			City		FL	Zip Cod	e	
8. The above	named entity submits this statemen	nt for the purpose of changing i	its registered office or reg	istered agent, or both,	in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (No	OTE: Registered Agent signature re	quired when reinstating)	DATE			
O This serve	eration is clinible to notice its Intana	ible FILE NOV	WIII EEE IS \$150.00					
	oration is eligible to satisfy its Intang		W!!! FEE IS \$150.00 2001 Fee will be \$550.	nn i	ion Campaign Financing	\$5.0	<b>0</b> Мау Ве	
Tax filing r	requirement and elects to do so.	After MAY 1,	N!!! FEE IS \$150.00 2001 Fee will be \$550. able to Department of	00 Trust	ion Campaign Financing Fund Contribution.	\$5.0 Added	<b>0</b> May Be I to Fees	
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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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

☐ Delete

Change

☐ Addition

Apr 19, 2001 8:00 am Secretary of State

04-19-2001 90082 029 \*\*\*150.00