

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90015 005 ***150.00

DOCUMENT # M740381. Entity Name
TRANS INVESTMENT, INC.

Principal Place of Business Mailing Address

2596 N. Orange Blossom Trail 2596 N. Orange Blossom
Kissimmee, Fl. 34744-1884 Kissimmee, Fl. 34744-1884

2. Principal Place of Business

2596 N Orange Blsm Tr.

3. Mailing Address

2596 N. Orange Blsm Tr

Kissimmee, Fl. 34744-1884 Kissimmee, Fl. 34744-1884

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2875479

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****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 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tomlinson, Mark	NAME	
STREET ADDRESS	2615 Ames Haven Rd.	STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, Fl. 34744	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tomlinson, Billy	NAME	
STREET ADDRESS	1675 Scotty's Rd.	STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, Fl. 34744	CITY-ST-ZIP	
TITLE	S/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tomlinson, Lori	NAME	
STREET ADDRESS	2615 Ames Haven Rd.	STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, Fl 34744	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)