

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90031 031 ***158.75

DOCUMENT # PO1000033913

1. Entity Name

TRANS CONTINENTAL CARRIAGE & SHIPPING ASSN. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4685 ROSEBUD ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
COCOA, FL

City & State

4. FEI Number
59-3235229

Applied For
Not Applicable

Zip
32927

Country
USA

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MEL VON SOUSTEN

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

4685 ROSEBUD ST

COCOA

City

FL

Zip Code

32927

**DO NOT WRITE
IN THIS SPACE**

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 fee applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

3-8-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT - 100% Equity owner
MELVYN R. VON SOUSTEN
4685 ROSEBUD ST
COCOA FL 32927

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 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 #

Melvyn R. von Souden 3/8/02 321-638-4812

CR2E034B (12/01)