

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90363 030 \*\*\*150.00

**DOCUMENT # P01000037830**

**1. Entity Name**  
**TRANIA ENTERPRISES, INC.**



**Principal Place of Business**  
**715 BLOOM ST.**  
**CELEBRATION FL 34747**

**Mailing Address**  
**P.O. BOX 470171**  
**CELEBRATION FL 34747-0171**

**2. Principal Place of Business**

**4400 Heatherdowns Blvd.**

Suite, Apt. #, etc.

**25**

City & State

**Toledo, OH**

Zip

**43614**

Country

**US**

**3. Mailing Address**

**3922 Clock Pointe Trail**

Suite, Apt. #, etc.

**102**

City & State

**Stow, OH**

Zip

**44224-2989**

Country

**US**



☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **59-3714205**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HABER, LAWRENCE H ESQ**  
**606 FRONT STREET**  
**CELEBRATION FL 34747-0171**

**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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **YOUNG, DAN**  
**STREET ADDRESS** **715 BLOOM STREET, APT#220**  
**CITY-ST-ZIP** **KISSIMMEE FL 34747**

**TITLE** **D** ☐ Delete  
**NAME** **COLOSKEY, BEN**  
**STREET ADDRESS** **P.O. BOX 564**  
**CITY-ST-ZIP** **SYLVANIA OH 43560**

**TITLE** **D** ☐ Delete  
**NAME** **HABER, LAWRENCE**  
**STREET ADDRESS** **P.O. BOX 470171**  
**CITY-ST-ZIP** **CELEBRATION FL 34747**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DP** ☒ Change ☐ Addition  
**NAME** **Young, Dan**  
**STREET ADDRESS** **4400 Heatherdowns Blvd., #25**  
**CITY-ST-ZIP** **Toledo, OH 43614**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:** **QUINCY PRESODIRE** **Young**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03** **419-265-1154**  
Date Daytime Phone #

CR2E034 (10/02)