

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90729 004 ***150.00

DOCUMENT # P01000067352
1. Entity Name
~~TRAN'S ENTERPRISES, INC~~
TRAN'S ENTERPRISES, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
350 CROSSING BLVD
Suite, Apt. #, etc.
#1315

3. Mailing Address
350 CROSSING BLVD
Suite, Apt. #, etc.
#1315

DO NOT WRITE IN THIS SPACE

City & State
ORANGE PARK, FL

City & State
ORANGE PARK, FL

Zip
#32073 Country
CLAY

Zip
32073 Country
CLAY

4. FEI Number
59-3730186

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DAN TRAN

Street Address (P.O. Box Number is Not Acceptable)
350 CROSSING BLVD, #1315

City
ORANGE PARK FL Zip Code
32073

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] DATE 4/8/03

Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT DAN TRAN 350 CROSSING BLVD, #1315 ORANGE PARK, FL 32073</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VIC-PRZ CEO LING TRAN 350 CROSSING BLVD, #1315 ORANGE PARK, FL 32073</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE [Signature] DATE 04/08/03 DAYTIME PHONE # (904) 657-5518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)