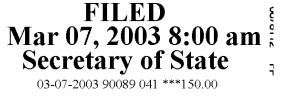
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) CUMENT # P01000067795 DOCUMENT

1. Entity Name TRANSCO RBL, INC.





				A WE IR				
5225 RED BU	ce of Business IG LAKE ROAD ING\$ FL 32708	Mailing Address 5645 METRO WEST BLVD. ORLANDO FL 32811						
2. Principal F	Place of Business	3. Mailing Ad	dress	···.				
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.		☐ CHECK HERE I	IF MAKING (HANGES	
City & State		City & State			4. FEI Number 59-3738405 Applied For Not Applicable			
Zip ,	Country	Zip	Zip Country		5. Certificate of Status Desired		8.75 Add	ditional
	6. Name and Address of Curre	nt Registered Age	nt		7. Name and Address of New Ro			-
	Harris Today Salar S	and a second	The second second	Name	بيها بيستان الأما يتنا	·	-	
-	SHELDON T		Stroot Adds		a (DO Poy Number is Not Assentable)			
9900 WE	ST SAMPLE ROAD, SUITE 400			Street Address	(P.O. Box Number is Not Acceptable)			
CORAL S	PRINGS FL 33065							
				City		FL	Zip Cod	e
8. The above	named entity submits this statement	for the nurnose of	changing its registe	ered office or register	red agent, or both, in the State of Flor	rida il am fac	oiliar with	and accept
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registe	red Agent signature required	d when reinstating)	DATE		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department		,		9. Election Campaign Fina Trust Fund Contribution			May Be I to Fees
10.	OFFICERS AN	ID DIRECTORS	11		ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LENON, LARRY 5645 METRO WEST BLVD. ORLANDO FL 32811		ST	LE ME REET ADDRESS IY-ST-ZIP			_ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LENON, FERN 5645 METRO WEST BLVD. ORLANDO FL 32811		ST	LE ME REET ADDRESS TY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	a transmitte to the second second	<u></u>		المرازية المروان المحمد	ليستينيون والمستحد فالديب والمستحد	⊋ ~ ~ ₹↓] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				I		С] Change	☐ Addition
NTLE NAME STREET ADDRESS CITY-ST-ZIP						. С] Change	Addition
ITLE NAME STREET ADORESS DITY-ST-ZIP			СІТ	ME IEET ADDRESS Y-ST-ZIP	ction 119.07(3)(i), Florida Statutes. I l] Change	Addition

port 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or changed, or on an attachment with

SIGNATURE: