

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90299 050 \*\*\*150.00

**DOCUMENT # P02000008228**

1. Entity Name  
**T&T TRAN, INC.**



Principal Place of Business  
**3910 PEACE PIPE DR.  
ORLANDO FL 32829**

Mailing Address  
**3910 PEACE PIPE DR.  
ORLANDO FL 32829**

2. Principal Place of Business  
**815 ORIENTA AVE**

3. Mailing Address  
**815 ORIENTA AVE**

Suite, Apt. #, etc.  
**# 2**

Suite, Apt. #, etc.  
**# 2**

City & State  
**Altamonte Springs, FL**

City & State  
**Altamonte Springs, FL**

Zip  
**32701-5600**

Country  
**USA**

Zip  
**32701-5600**

Country  
**USA**

4. FEI Number  
**80-0029522**

Applied For  
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



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

**LEHMANN, KEITH  
815 ORIENTA AVE. #2  
ALTAMONTE SPRINGS FL 32701**

**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 \_\_\_\_\_ (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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD TRAN, DIEU T 3910 PEACE PIPE DR. ORLANDO FL 32829</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD TRAN, DIEU T 3910 PEACE PIPE DR. ORLANDO FL 32829</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD THIEN TRINH 3910 PEACE PIPE DR Orlando, FL 32829</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VP TUEN MOC TRAN 3910 PEACE PIPE DR Orlando, FL 32829</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KEITH Lehmann 815 ORIENTA AVE #2 Altamonte Springs, FL 32701-5600</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

**KEITH Lehmann, SEC**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/03**  
Date

**407 260 1278**  
Daytime Phone #

CR2E034 (10/02)