

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90125 001 \*\*\*150.00

**DOCUMENT #** P02000018558

**1. Entity Name**  
TRANS GLOBAL LINK, INCORPORATED



**Principal Place of Business**  
2825 S WASHINGTON AVE #451  
TITUSVILLE FL 32780

**Mailing Address**  
2825 S WASHINGTON AVE #451  
TITUSVILLE FL 32780

**2. Principal Place of Business**  
3549 Stonefield Drive

**3. Mailing Address**  
3549 Stonefield Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Orlando, FL

**City & State**  
Orlando, FL

**Zip**  
32826

**Country**  
USA

**Zip**  
32826

**Country**  
USA

**4. FEI Number**

Applied For

☒ Not Applicable

**5. Certificate of Status Desired**

☐ \$8.75 Additional  
Fee Required

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

**7. Name and Address of New Registered Agent**

HORSMAN, ANSEL  
2825 S WASHINGTON AVE #451  
TITUSVILLE FL 32780

3549 Stonefield Drive  
Orlando, FL 32826

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

3/22/03

**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**

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

**TITLE** ☐ Delete  
**NAME** D  
**STREET ADDRESS** HORSMAN, ANSEL  
**CITY-ST-ZIP** 2825 S WASHINGTON AVE #451  
TITUSVILLE FL 32780

**TITLE** ☒ Change ☐ Addition  
**NAME** D  
**STREET ADDRESS** HORSMAN, ANSEL  
**CITY-ST-ZIP** 3549 Stonefield Drive  
Orlando, FL 32826

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

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

**TITLE** ☐ Delete  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED ANSEL HORSMAN 3/22/03 (407) 207-5496

CR2E034 (10/02)