04/25/00 13:37 FAX 813 289 8559 CHRISTOFF T.A.
04/25/00 14:11 TRANS OCEAN E

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

04-14-2000 90099 022 ***158.75

DOCUMENT # P93000025015

1. Entity Name

TRANS OCEAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
119 SLAUGHTER RANCH RD TRINIDAD TX 75163 US	119 SLAUGHTER RANCH RD ~~APDC~~ TRINIDAD TX 75163-4019 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3175985 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, GARRICK R
~~1500 COLLINS AVE.~~
~~#204~~
~~MIAMI BEACH FL 33141~~

7. Name and Address of New Registered Agent

Name: CHRISTOFF TSVETAN

Street Address (P.O. Box Number is Not Acceptable): 5323 LAdywell CT.

City: TAMPA, FL Zip code 33624

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.

SIGNATURE [signature] [signature] 4-6-00

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when reinstating. DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00 AFTER MAY 1, 2000 Fee will be $550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS ATANASOV, KONSTANTIN 119 SLAUGHTER RANCH RD TRINIDAD TX 75163	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STEPHENS, GARRICK R 119 SLAUGHTER RANCH RD TRINIDAD TX 75163	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-6-00 903/498-4160

Signature and typed or printed name of signing officer or director. Date. Daytime Phone #

04/25/00 14:34 TX/RX NO.6544 P.001