

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 31, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000025015**1. Entity Name  
TRANS OCEAN ENTERPRISES, INC.Principal Place of Business  
119 SLAUGHTER RANCH RD  
TRINIDAD TX 75163 USMailing Address  
119 SLAUGHTER RANCH RD  
#204  
TRINIDAD TX 75163 US2. Principal Place of Business  
5323 LADYWELL CT.3. Mailing Address  
5323 LADYWELL CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TAMPA FLCity & State  
TAMPA FL4. FEI Number  
**59-3175965**  
Applied For  
Not ApplicableZip  
33624  
Country  
USZip  
33624  
Country  
US5. 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**TZVETAN CHRISTOFF  
5323 LADYWELL CT  
TAMPA FL 33626 USName  
TZVETAN CHRISTOFF  
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 \_\_\_\_\_ **08/31/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
STEPHENS GARRICK R  
119 SLAUGHTER RANCH RD  
TRINIDAD TX 75163 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
STEPHENS GARRICK R  
RT2 BOX122  
HOWE TX 75459 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
ATANASOV KONSTANTIN  
119 SLAUGHTER RANCH RD  
TRINIDAD TX 75163 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
ATANASSOV KONSTANTIN  
5323 LADYWELL CT.  
TAMPA FL 33624 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP  
☐ DeleteTITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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: KONSTANTIN ATANASSOV****PS 08/31/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)