2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000072178 **DOCUMENT #**

1 Entity Name



FILED Mar 06, 2003 8:00 am & Secretary of State

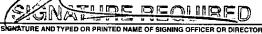
02 06 2002 00122 047 ***150 00

TRANSCO SERVICES, INC.							03-00-2003 30133 047 130.00		
Principal Place of Business 1450 NW 1ST AVE BOCA RATON FL 33432			1450	Mailing Address 1450 NW 1ST AVE BOCA RATON FL 33432					
2. Principal F	Place of Busi	ness	3. Ma	3. Mailing Address					
Suite, Apt.	. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State			City	City & State			4. FEI Number 65-0458100 Applied Fo	-	
Zip		Country	Zip	Country			5. Certificate of Status Desired See Required \$8.75 Additional		
	6. Name	and Address of Cu	ırrent Register	ed Agent		=	7. Name and Address of New Registered Agent		
CUNNINGHAM, P. RODNEY 1450 NW 1ST AVE BOCA RATON FL 33432					L	Street Address (P.O. Box Number is Not Acceptable)			
		•				City	. FL Zip Code	\dashv	
	e named entit tions of regisi		nent for the purp	ose of changing its re	egistered	office or registe	ered agent, or both, in the State of Florida. I am familiar with, and acc	ept	
SIGNATURE .	Signature, typed	or printed name of registere	d agent and title if app	olicable. (NOTE: F	Registered A	gent signature require	ed 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 \$5.00 May 8 Trust Fund Contribution. Added to Fees		
10. OFFICERS AND DIRECTORS				RS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	D CUNNING	HAM, P. RODNEY		Delete Delete	TITLE NAME		☐ Change ☐ Add	ition	

STREET ADDRESS | 1450 NW 1ST AVE STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:



-U-03

564-868-8333