

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043577

1. Entity Name

TRANS-OCEAN INVESTMENT CORPORATION

Principal Place of Business

352 SW BUTLER AVENUE
PORT ST. LUCIE FL 34983-1913
US

Mailing Address

BLVD.
1586 SW BAYSHORE DR
PORT ST. LUCIE FL 34983-2966
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0504197

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

SHANN, BRETT

1586 SW BAYSHORE DR
PORT ST. LUCIE FL 34983

BLVD.

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.

SIGNATURE

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, 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	VS	<input type="checkbox"/> Delete
NAME	HOR KHEE KHEW, GABRIEL	
STREET ADDRESS	111 NORTH BRIDGE ROAD	
CITY-ST-ZIP	08-09 PENINSULA PL, SINGAPORE SN -0607	
TITLE	D	<input type="checkbox"/> Delete
NAME	GÜSSOW, PETER	
STREET ADDRESS	SCHLIEMANN STRASSE 9	
CITY-ST-ZIP	RHEINBERG GE	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GÜSSOW, RUTH	
STREET ADDRESS	352 SW BUTLER AVENUE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	341 Joo Chiat Road	
CITY-ST-ZIP	SINGAPORE, SG 427 593	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. GÜSSOW, DIRECTOR 01/15/01 879 2861

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90051 027 ***158.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)