

2001 UNIFORM BUSINESS REPORT (UBR)

0032350

DOCUMENT # P95000064139

1. Entity Name

TRANSED INTERNATIONAL CORPORATION

FILED

01 JAN 23 PM 4: 06

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5514 NORTH DAVIS HIGHWAY
SUITE 101
PENSACOLA FL 32503

Mailing Address

5514 NORTH DAVIS HIGHWAY
SUITE 101
PENSACOLA FL 32503

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3331007

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

ANDERSON, THOMAS W
5514 NORTH DAVIS HIGHWAY
SUITE 101
PENSACOLA FL 32503

Name

Gere Timberlake Anderson

Street Address (P.O. Box Number is Not Acceptable)

5514 N. Davis Highway

Suite 101

City

Pensacola

FL

Zip Code 32503

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 amending)

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 PCEO
NAME ANDERSON, GERE T
STREET ADDRESS 5514 NORTH DAVIS HIGHWAY, SUITE 101
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

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

TITLE CVPC
NAME ANDERSON, THOMAS W
STREET ADDRESS 5514 NORTH DAVIS HIGHWAY, SUITE 101
CITY-ST-ZIP PENSACOLA FL 32503 ☒ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

KE