

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90454 020 ***158.75

DOCUMENT # P95000071987

1. Entity Name
TRANS-DEP ENTERPRISES, INC.



Principal Place of Business
**13603 N FLORIDA AV
REAR
TAMPA FL 33613
US**

Mailing Address
**13603 N FLORIDA AV
REAR
TAMPA FL 33613
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 **59-3325869**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLAGHER, PAMALA
5210 GORHAM COURT
TAMPA FL 33624**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required 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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTS
GALLAGHER, DENNIS JR
5210 GORHAM COURT
TAMPA, FL 33624** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/S/D
DENNIS GALLAGHER JR
5210 GORHAM CT
TAMPA, FL 33624** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GALLAGHER, PAMALA
5210 GORHAM COURT
TAMPA, FL 33624** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/T/D
PAMALA GALLAGHER
5210 GORHAM COURT
TAMPA, FL 33624** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pamela J. Gallagher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAMALA J GALLAGHER 4/15/03 813-249-4700

CR2E034 (10/02)