

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033091

1. Entity Name

TRANS-FIX SERVICE CENTER, INC.

FILED

Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90132 034 \*\*\*150.00

Principal Place of Business

1111 CONDADO DRIVE  
ROCKLEDGE FL 32955

Mailing Address

1111 CONDADO DRIVE  
ROCKLEDGE FL 32955

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 59-3373936

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

CHILDERS, DENNIS S JR.  
1411 W. KING STREET  
COCOA FL 32922

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CHILDERS, DENNIS S JR.	1111 CONDADO DRIVE	ROCKLEDGE FL 32955	<input type="checkbox"/>
ST	CHILDERS, BONNIE	1111 CONDADO DRIVE	ROCKLEDGE FL 32955	<input type="checkbox"/>
V	CHILDERS, DENNIS S III	1358 DEWEY COURT	ROCKLEDGE FL 32955	<input type="checkbox"/>
V	CHILDERS, RANDOLPH A	882 BROOKVIEW LANE	ROCKLEDGE FL 32955	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

00044417



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)