FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90151 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033091

1. Entity Name
TRANS-FIX SERVICE CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1111 CONDADO DR.
Suite, Apt. #, etc.

3. Mailing Address
1111 CONDADO DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Rockledge, Fl
Zip: 32955 Country: BREVARD

City & State: Rockledge, Fl
Zip: 32955 Country: BREVARD

4. FEI Number: 59-3373936 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: DENNIS S. CHILDERS JR.
Street Address (P.O. Box Number is Not Acceptable): 1111 CONDADO DRIVE
City: Rockledge FL Zip Code: 32955

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 boxes checked) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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

TITLE	PRESIDENT
NAME	DENNIS S. CHILDERS, JR.
STREET ADDRESS	1111 CONDADO DR.
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	SECRETARY TREAS.
NAME	BONNIE CHILDERS
STREET ADDRESS	1111 CONDADO DR
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	VICE PRESIDENT
NAME	DENNIS S. CHILDERS III
STREET ADDRESS	1445 W. KING ST
CITY-ST-ZIP	COCOA, FL 32922
TITLE	VICE PRESIDENT
NAME	RANDOLPH A. CHILDERS
STREET ADDRESS	882 BROOKVIEW LANE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie Childers — BONNIE CHILDERS — SEC/TRES — 4-26-02 — 321-631-4522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #