

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2000 08:00 AM**
Secretary of State**DOCUMENT # P96000075071****1. Entity Name**

TRANS EXPRESS TRANSMISSION, INC.

Principal Place of Business

870 E. SEMORAN BLVD.

APOPKA
32703

FL

Mailing Address

870 E. SEMORAN BLVD.

APOPKA
32703

FL

2. Principal Place of Business

1914 SOUTH BLOSSOM TRAIL

3. Mailing Address

1914 SOUTH BLOSSOM TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

APOPKA

FL

Zip
32703

Country

City & State

APOPKA

FL

Zip
32703

Country

4. FEI Number

59-3403037

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**GUSTINO JAMES A
2180 PARK AVE. N.
SUITE 324
WINTER PARK
32789 US

FL

7. Name and Address of New Registered Agent**Name**

DILLANDER FRANK E3

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

545 STRATHCLYDE CT.

City
APOPKA

FL

Zip Code
32712

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 **FRANK DILLANDER III****09/12/2000**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE D ☒ Delete
NAME MASON CHARLES E
STREET ADDRESS 32802 PRESTWICK
CITY-ST-ZIP SORRENTO FL 32776TITLE STD ☒ Delete
NAME SMITH ROBERT
STREET ADDRESS 2630 E. OAK DRIVE
CITY-ST-ZIP APOPKA FL 32703TITLE VPD ☒ Delete
NAME RHOADES CALE W
STREET ADDRESS 448 PALM DRIVE E
CITY-ST-ZIP SANFORD FL 32771TITLE PD ☐ Delete
NAME DILLANDER FRANKLIN W
STREET ADDRESS 151 CERVIDUE DRIVE
CITY-ST-ZIP APOPKA FL 32703TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PD ☒ Change ☐ Addition
NAME DILLANDER FRANKLIN EIII
STREET ADDRESS 545 STRATHCLYDE CT.
CITY-ST-ZIP APOPKA FL 32712TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: Frank Dillander III

PD 09/12/2000