

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062340

1. Entity Name
TRANS STATES COMMERCIAL ONLINE CORP.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90020 032 ***150.00

Principal Place of Business

Mailing Address

~~4131 WATERS AVE W~~ **13902 N. DALE MABEY**
~~SUITE 230~~ **SUITE 230**
~~TAMPA FL 33614~~ **TAMPA, FL 33618**

00000010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13902 N. DALE MABEY
Suite, Apt. #, etc. **SUITE # 230**
City & State **TAMPA, FL**

4. FEI Number **59-3457780**

Applied For

Not Applicable

Zip

Country

Zip

Country

33618

USA

33618

USA

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

PERSAUD, TONY D
15832 SPRING CREST CIR
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.

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 **P** ☐ Delete
NAME **PERSAUD, TONY D**
STREET ADDRESS **15832 SPRING CREST CIR**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **V. INDRANI PERSAUD** ☐ Change ☒ Addition
NAME **15832 SPRING CREST CIR**
STREET ADDRESS **TAMPA, FL 33624**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tony D. PERSAUD

4/27/01 (813)963-1256

Date

Daytime Phone #

CR2E034 (10/00)