

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000062340**

1. Entity Name
TRANS STATES COMMERCIAL ONLINE CORP.



FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90078 019 ***150.00

0466560 AV

Principal Place of Business
13902 N. DALE MABRY
SUITE #230
TAMPA FL 33618
US

Mailing Address
15832 SPRING CREST CIR
TAMPA FL 33624
US

11067002



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3457780**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. 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	P	<input type="checkbox"/> Delete
NAME	PERSAUD, TONY D	
STREET ADDRESS	15832 SPRING CREST CIR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	V	<input type="checkbox"/> Delete
NAME	PERSAUD, INDRANI	
STREET ADDRESS	15832 SPRING CREST CIR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE RETURNED PERSAUD

4-10-03 (813) 963-1256

CR2E034 (10/02)