

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90031 046 ***150.00

DOCUMENT # P98000062144



1. Entity Name
TRANSFLORIDA COMMUNICATIONS, INC.

Principal Place of Business
**21801 S.W. 167TH AVE.
GOULDS FL 33170**

Mailing Address
**PO BOX 506
GOULDS FL 33170**



2. Principal Place of Business
21801 SW 167th
Suite, Apt. #, etc.
P.O. Box 506

3. Mailing Address
P.O. Box 506
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
GOULDS, FL
Zip
33170

City & State
GOULDS, FL
Zip
33170

4. FEI Number
65-0423524

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DISTRITO, CATHERINE
21801 SW 167 AVENUE
BOX 506
GOULDS FL 33170**

7. Name and Address of New Registered Agent

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

TITLE
VPS ☐ Delete
NAME
DISTRITO, JOSEPH JR.
STREET ADDRESS
21801 S.W. 167TH AVE.
CITY-ST-ZIP
GOULDS FL 33170

TITLE
P ☐ Delete
NAME
DISTRITO, CATHERINE A
STREET ADDRESS
21801 S.W. 167TH AVE.
CITY-ST-ZIP
GOULDS FL 33170

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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, 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 persons empowered.

SIGNATURE:

Catherine D. Distro
CRATIFIED REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-03 305-248-8122

CR2E034 (10/02)