

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90371 011 ***150.00

0400246 AV

DOCUMENT # P98000103034

1. Entity Name
TRANS PICO, INC.



Principal Place of Business
**5401 N.W. PERIMETER RD
FT LAUDERDALE FL 33309**

Mailing Address
**1900 GLADES RD
STE 101
BOCA RATON FL 33431**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0880065**

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

**FALLERTON, JON
1900 GLADES RD
STE 101
BOCA RATON FL 33431**

Jon Fullerton
Street Address (P.O. Box Number is Not Acceptable)
1900 Glades Rd, Suite 101
City **Boca Raton** FL Zip Code **33431**

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 **Jon Fullerton**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-16-03
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 **PD** ☐ Delete
NAME **FRONSTIN, GUY**
STREET ADDRESS **1900 GLADES RD, STE 101**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **Vice-President** ☒ Change ☐ Addition
NAME **Guy Fronstin**
STREET ADDRESS **1900 Glades Rd. Suite 101**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **SD** ☐ Delete
NAME **RANGONIST, LAVADA**
STREET ADDRESS **1900 GLADES RD, STE 101**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **La Vada Randquist**
STREET ADDRESS **1900 Glades Rd., Suite 101**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☐ Change ☒ Addition
NAME **Michelle Fronstin**
STREET ADDRESS **1900 Glades Rd., Suite 101**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Jon Fullerton**
STREET ADDRESS **1900 Glades Rd, Suite 101**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 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: **La Vada Randquist** **4-16-03** **561-447-4013**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)