

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2002 8:00 am
Secretary of State
 08-29-2002 90004 026 ***550.00

DOCUMENT # P98000103882

1. Entity Name

TRANS SOUTHERN INDUSTRIES, INC.

Principal Place of Business

**500 E. UNIVERSITY AVE. STE. A
 GAINESVILLE FL 32601**

Mailing Address

**PO BOX 2759
 GAINESVILLE FL 32602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOODY, GARY C
 500 E. UNIVERSITY AVE
 GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name **Robert A. Lash, Esquire**
 Street Address (P.O. Box Number is Not Acceptable) **500 E. University Avenue, Suite A**
 City **Gainesville, FL** Zip Code **32601**

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]

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

(NOTE: Registered Agent signature required when reinstating)

8/22/02
 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, 2002 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

TITLE **P** ☒ Delete
 NAME **MOODY, GARY C**
 STREET ADDRESS **500 E. UNIVERSITY AVE**
 CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **S** ☒ Delete
 NAME **BUSSARD, CARL**
 STREET ADDRESS **5002 SW. 41 BLVD**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Michael D. Shannon**
 STREET ADDRESS **3921 NW 97 Blvd.**
 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **Michael D. Shannon**
 STREET ADDRESS **3921 NW 97 Blvd.**
 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **Chairman** ☒ Change ☒ Addition
 NAME **Michael D. Shannon**
 STREET ADDRESS **3921 NW 97 Blvd.**
 CITY-ST-ZIP **Gainesville, FL 32606**

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-02 352-331-8801

Date

Daytime Phone #

CR2E034 (9/01)