

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014437

1. Entity Name

TransNet Connect, Inc.



FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90198 043 ***150.00

626060

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1413 South Howard Avenue
Suite 209
Tampa, Florida 33606

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. 1413 South Howard Avenue
Suite 209

City & State City & State
Tampa, Florida

Zip Country Zip Country
33606 Hillsborough

4. FEI Number 65-0898733 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Adler, Robert R., Esq.
DELMER C. GOWING, III, P.A.
101 SE 6th Avenue
Delray Beach, FL 33483-5261

7. Name and Address of New Registered Agent

Name Eugene E. Waldron, Jr., Esquire
Street Address (P.O. Box Number is Not Acceptable)
124 North Brevard Avenue
City Arcadia FL Zip Code 34266

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 Eugene E. Waldron, Jr.
Signature, typed or printed name of registered agent and title if applicable.

Eugene E. Waldron, Jr.

2/14/01

(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

TITLE D/P/S/T ☐ Delete
NAME Stan Crews
STREET ADDRESS 1413 S. Howard Avenue, Ste 209
CITY-ST-ZIP Tampa, Florida 33606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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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: Stan Crews, President 2/14/01 813-254-8726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)