

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90061 037 ***150.00

DOCUMENT # P99000039703

1. Entity Name
TRANS STATE DELIVERY INC.

Principal Place of Business
1200 N. CENTRAL AVE.
STE 209 B
KISSIMMEE FL 34741

Mailing Address
1200 N. CENTRAL AVE.
STE 209 B
KISSIMMEE FL 34741

2. Principal Place of Business

3. Mailing Address
P.O. Box 420986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
KISSIMMEE, FL

4. FEI Number **59-3597281**

Applied For
 Not Applicable

Zip

Country

Zip
34742-0986

Country
U.S.A

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

ANSARI, HASSAN Z
1200 N. CENTRAL AVE.
STE 209 B
KISSIMMEE FL 34741

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.

SIGNATURE

Hassan Z Ansari

HASSAN Z - ANSARI

04-21-02

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

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DPST
 NAME
KOSHAK, YAHYA H
 STREET ADDRESS
1200 N. CENTRAL AVE., STE 209 B
 CITY-ST-ZIP
KISSIMMEE FL 34741

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
D
 NAME
ANSARI, HASSAN Z
 STREET ADDRESS
5348 LONESOME DOVE DR.
 CITY-ST-ZIP
KISSIMMEE FL 34746

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
D
 NAME
MYERS, JOHN L
 STREET ADDRESS
115 S. PALMETTO AVE.
 CITY-ST-ZIP
DAYTONA BEACH FL 32114

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Hassan Z Ansari **HASSAN Z - ANSARI 04-21-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)