

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **POP000047109**

1. Entity Name

TRANS Express TRANSMISSION II, INC.

Principal Place of Business

Mailing Address

**6033 S. ORANGE BLOSSOM TRAIL
ORLANDO FL. 32809**

2. Principal Place of Business

3. Mailing Address

Same

Same

Suite, Apt., etc.

Suite, Apt., etc.

N/A

N/A

City & State

City & State

Same

Same

Zip

Country

Zip

Country

32809

U.S.

32809

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMES GUSTINO
2180 PARK AVE. N STE 324
WINTER PARK FL. 32789**

Name **Robert F. Smith**

Street Address (P.O. Box Number is Not Acceptable)
2630 E. OAK DR

City **APOPKA**

FL Zip Code **32703**

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

Robert F. Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/01

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☒ Delete
NAME **SAMUAL O'Neil myers**
STREET ADDRESS **5542 King AVE**
CITY-ST-ZIP **Zellwood FL. 32798**

TITLE ☐ Change ☐ Addition
NAME **100003768851-1**
STREET ADDRESS **-02/26/01-01152-005**
CITY-ST-ZIP *****900.00 ***900.00**

TITLE **Director** ☒ Delete
NAME **FRANK W. DILLIANDER**
STREET ADDRESS **151 Cervidue DR**
CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE **Director / PRESIDENT** ☐ Delete
NAME **CALE RHODES**
STREET ADDRESS **448 PALM DR. EAST**
CITY-ST-ZIP **SANFORD FL. 32771**

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

TITLE **Director / Sec. Treas.** ☐ Delete
NAME **Robert F. Smith**
STREET ADDRESS **2630 E. OAK DR**
CITY-ST-ZIP **APOPKA FL. 32703**

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

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 617, 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:

Robert F. Smith

1/20/01

KE

REINSTATEMENT

FILED

01 JAN 31 AM 11:15

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

CR2E037 (5/00)