

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90045 007 ***150.00

DOCUMENT # P99000060658

1. Entity Name

TRANSGLOBAL SYSTEMS, INC.

Principal Place of Business

**308 TEQUESTA DR., STE. 27
 TEQUESTA FL 33469**

Mailing Address

**308 TEQUESTA DR., STE. 27
 TEQUESTA FL 33469**

2. Principal Place of Business

3. Mailing Address

8003A Lincoln Dr W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MARLTON NJ

Zip

Country

Zip

Country

08053 USA

4. FEI Number

65-0944791

Applied For

Not Applicable

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

**MATTEUCCI, JASON R
 18249 SE CASSIA LANE
 TEQUESTA FL 33469**

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D MATTEUCCI, JASON R 308 TEQUESTA DR., STE. 27 TEQUESTA FL 33469	<input type="checkbox"/>		<input type="checkbox"/>
D MATTEUCCI, ADRIAN M 308 TEQUESTA DR., STE. 27 TEQUESTA FL 33469	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey S. Hughes Sr

4.23.01

Date

856.810.9300

Daytime Phone #

CR2E034 (10/00)

05-2012