

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90096 045 ***150.00

DOCUMENT # S19214

1. Entity Name

TRANS-PHOS, INC.

Principal Place of Business

4001 NORALYN MINE RD.
 PO BOX 2026
 BARTOW FL 33830
 US

Mailing Address

P O BOX 2026
 PO BOX 2026
 BARTOW FL 33831-2026
 US

00005856



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 2098

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bartow FL

4. FEI Number

59-3042773

Applied For

Not Applicable

Zip

Country

Zip

Country

33831-2098

USA

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

WHITNEY, RICHARD, L
 NORALYN MINE RD & S.R. #640
 BARTOW 33830

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	WHITNEY, RICHARD L.	
STREET ADDRESS	NORALYN MINE RD.	
CITY-ST-ZIP	BARTOW FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITNEY, WILLIAM A.	
STREET ADDRESS	NORALYN MINE RD.	
CITY-ST-ZIP	BARTOW FL	
TITLE	VDST	<input type="checkbox"/> Delete
NAME	WHITNEY, DAVID	
STREET ADDRESS	NORALYN MINE RD.	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAT, MORAN	
STREET ADDRESS	15301 VIADE LAS OIAS	
CITY-ST-ZIP	PACIFIC PALISADES CA 90272	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITNEY, ROBERT L.	
STREET ADDRESS	NORALYN MINE RD.	
CITY-ST-ZIP	BARTOW FL	
TITLE	ATAS	<input type="checkbox"/> Delete
NAME	BEDFORD, HARRY S III	
STREET ADDRESS	NORALYN NINE ROAD	
CITY-ST-ZIP	BARTOW FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY S. BEDFORD, III

ASST. TREASURER

Date

1/12/2000

Daytime Phone #

863-534-1575