

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 14, 2001 8:00 am
Secretary of State
 05-12-2001 90042 036 ***150.00

DOCUMENT # V64908

1. Entity Name

TRANSNATIONAL AGENCY, INC.

LA

Principal Place of Business

Mailing Address

~~11348 ISLAND LAKES LANE~~
~~PO BOX 6037~~
~~JENSEN BEACH FL 34957~~
 US

~~11348 ISLAND LAKES LANE~~
~~PO BOX 6037~~
~~JENSEN BEACH FL 34957~~
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 6037

P.O. Box 6037

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jensen Beach, FL

Jensen Beach, FL

Zip

Country

Zip

Country

34957

Martin

34957

Martin

4. FEI Number

65-0363221

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

HOSKIE, JOAN

Name

~~11348 ISLAND LAKES LANE~~
~~PO BOX 6037~~
~~JENSEN BEACH FL 34957~~

Street Address (P.O. Box Number is Not Acceptable)

1706 Surfside Drive

City

Hutchinson Island, FL 34949

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	P	<input type="checkbox"/> Delete
NAME	HOSKIE, JOAN	
STREET ADDRESS	11348 ISLAND LAKES LANE	
CITY-ST-ZIP	P.O. Box 6037 Jensen Beach, FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Joan Hoskie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

Daytime Phone #

CR2E034 (10/00)