## FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 08, 2000 8:00 am Secretary of State **DOCUMENT # 259683** 1. Entity Name TRANSMISSION KING INC 05-08-2000 90195 034 \*\*\*150.00 Mailing Address Principal Place of Business 12031 NW 27 ST. 2501 W. BROWARD BLVD 161301 **PLANTATION FL 33323-1757** FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address 2501 W.BROWARD DLVD. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-0968456 Not Applicable FORT LAUDERDALE FL. 333 Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 33312 BROWARD 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MIKE SCHOTT COLARUSSO, CAROLE Street Address (P.O. Box Number is Not Acceptable) 12031 NW 27 ST 840 ZINNA LA PLANTATION FL 33323 Zip Code City PLANTATION 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 SCHOTT PRES Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) TITLE **↓**Delete PRES. COLARUSSO, CAROLE NAME NAME MIKE SCHOTT STREET ADDRESS 770 N. STATE RD. 7 STREET ADDRESS 840 ZINNA LA. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL PLANTATION FL 33317 ★★ Addition ★ Delete TITLE TITLE COLARUSSO, CAROLE NAME NAME ROBERT ROSS 320 N.W. 81 TERR. N.LAUDERDALE FL.33068 STREET ADDRESS 770 N STATE ROAD 7 STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE RICE, LISA NAME NAME STREET ADDRESS 14711 MADINSON PL. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE DAVIE FL ☐ Change Addition ☐ Delete TITLE TITLE DIR. JOSEPH COLARUSSO NAME NAME 12031 N.W.27 ST. STREET ADDRESS STREET ADDRESS PLANTATION FL.33323 CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME STRFET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: 105 GD (8/A NUS ST Sale) Marsel Marsel 1/24/2000 954-792-9292

SIGNATURE: 105 GD (8/A NUS ST Sale) Marsel Marsel 1/24/2000 954-792-9292

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