2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90195 034 ***150.00

DOCUMENT # 259683

1. Entity Name

TRANSMISSION KING INC

Principal Place of Business	Mailing Address
2501 W. BROWARD BLVD FT. LAUDERDALE FL 33312	12031 NW 27 ST. PLANTATION FL 33323-1757 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2501 W.BROWARD DLVD. Suite, Apt. #, etc.
City & State	City & State: FORT LAUDERDALE FL 33312
Zip / Country	Zip: 33312 / Country: BROWARD

4. FEI Number 59-0968456 ☐ 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
COLARUSSO, CAROLE 12031 NW 27 ST PLANTATION FL 33323	Name: MIKE SCHOTT Street Address (P.O. Box Number is Not Acceptable): 840 ZINNA LA. City: PLANTATION FL Zip Code: 33317

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 MIKE SCHOTT PRES. Mike Schott Pres 4/24/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLARUSSO, CAROLE 770 N. STATE RD. 7 PLANTATION FL	☒ Delete	PRES. MIKE SCHOTT 840 ZINNA LA. PLANTATION FL 33317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COLARUSSO, CAROLE 770 N STATE ROAD 7 PLANTATION FL	☒ Delete	V.P ROBERT ROSS 320 N.W.81 TERR. N.LAUDERDALE FL.33068	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RICE, LISA 14711 MADINSON PL. DAVIE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DIR. JOSEPH COLARUSSO 12031 N.W.27 ST. PLANTATION FL.33323	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Joseph Colarusso Joseph Colarusso 4/24/2000 954-792-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)