2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F03147 **DOCUMENT#**

1. Entity Name

ECONOMY TRANSMISSIONS, INC.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90742 013 ***150.00

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City & State Country Country S. Certificate of Status Desired S. 7.5 Adodicerul Res Applicable S. 8.7.5 Adodicerul Res Applicable See Registered Agent Name Name Street Address of Current Registered Agent City Street Address (Fig. Box Number is Not Accordable) TAMPA FL 38611 City FL Zip Code The above armed analy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am termine with, and accept the purpose of progress of registered agent, or both, in the State of Florida. I am termine with, and accept the purpose of registered agent. SIGNATURE The ADVITI FEE IS \$100.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State On-State May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State On-State May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State On-State May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State On-State May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State On-State May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State On-State May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State On-State May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State On-State May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State On-State May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State On-State May 1, 2003 Fee will be \$500.00 O	2. Principal Pla	ice of Busine	3. Mailing Address				}	f 1901196 1111 00160 (1101 1101) 01611	B		#11 #15 # 16 i	481		
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6. Name and Address of Current Registered Agent Name	City & State		City & State				4.	50-2142884						
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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 apport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other likelent owered.

SIGNATURE: 2