

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90054 046 ***150.00

DOCUMENT # G75105 1. Entity Name EXPERT TRANSMISSIONS, INC.					
Principal Place of Business 1571 RACETRACK ROAD POMPAÑO BEACH, FL 33069			Mailing Address 1571 RACETRACK ROAD POMPAÑO BEACH, FL 33069		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2378659	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEVIN, GARY 1571 SW 3RD STREET POMPAÑO BEACH, FL 33069				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$150.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐	
\$8.75 Additional Fee Required				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEVIN, GARY 1560 NE 27TH STREET POMPAÑO BEACH, FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAKS, DIANNE 1560 NE 27TH ST POMPAÑO BCH, FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: <i>GARY LEVIN</i> GARY LEVIN 5/5/03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 5/5/03		
Daytime Phone #			954-786-1471		

CR2E034 (10/02)

May 5, 2003

Attachment

90133804

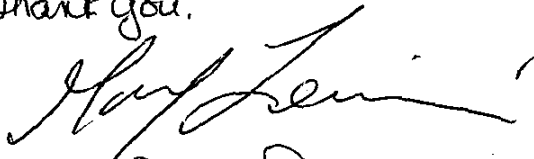
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporate Form
675105

On reviewing our records, we found that I never
received our Form for our Corporation.

I called and talked to a gentleman named Scott. He
informed me how to get my form off the internet,
and to return it with a check for \$150.00 with this
letter.

Thank you.



Gary Levin, President
Expert Transmissions One
1571 Racetrack Road
Pompano Beach, FL 33069
(954) 786-1471