

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90009 041 ***150.00

DOCUMENT # H29389

1. Entity Name
AAA-1 TRANSMISSIONS, INC.



Principal Place of Business
**1125 N MONROE ST
1125 N. MONROE ST
TALLAHASSEE FL 32303**

Mailing Address
**% EMERY E. BARTEK
1125 N. MONROE ST
TALLAHASSEE FL 32303**

70000533



2. Principal Place of Business

3. Mailing Address

DOUG WALKER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1125 N. MONROE ST.

City & State

City & State

TALLAHASSEE, FL.

4. FEI Number

59-2464857

Applied For

Not Applicable

Zip

Country

32303

Country

LEON

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

**WALKER, DOUG
1125 N. MONROE ST
TALLAHASSEE FL 32303**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **BARTEK, EMERY E.**
STREET ADDRESS **1125 N. MONROE ST**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DOUG WALKER** ☒ Change ☐ Addition
NAME **DOUG WALKER**
STREET ADDRESS **1125 N. MONROE ST.**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOUG WALKER 1-4-03 222-2532

CR2E034 (10/02)