## **2000 UNIFORM BUSINESS REPORT (UBR) FILED** Mar 31, 2000 8:00 am Secretary of State **DOCUMENT # H35627** ALL STAR TRANSMISSIONS, INC. 03-31-2000 90037 044 \*\*\*150.00 Principal Place of Business Mailing Address 2225 IDLEWILD RD BAY #1 2225 IDLEWILD RD BAY #1 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-2549 Principal Place of Business DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc Suite, Apt. #, etc 4. FEI-Number Applied For City & State 59-2589253 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent LANIER, KENNETH 2225 IDLEWILD RD BAY #1 PALM BEACH GARDENS FL 33410 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 red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. Delete TITLE TITLE LANIER, KEN NAME NAME 2225 IDLEWILD RD. BAY #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL CITY-ST-ZIP Change Addition ☐ Delete TITLE LANIER, WADE NAME NAME 2225 IDLEWILD RD. BAY #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2000 (561)844-1106 Date Dayline Phone #