

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013187

1. Entity Name

AACTION CENTRAL TRANSMISSION, LLC

**FILED**  
Sep 15, 2002 8:00 am  
Secretary of State

09-15-2002 90089 042 \*\*\*\*50.00

0011898

Principal Place of Business

3330 FISHER ROAD  
CLEARWATER FL 33763

Mailing Address

3330 FISHER ROAD  
CLEARWATER FL 33763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3739331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SNOW, GAYLE  
3330 FISHER ROAD  
CLEARWATER FL 33763

7. Name and Address of New Registered Agent

Name GAYLE SNOW  
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

*Gayle Snow*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE GAYLE SNOW, ~~MEMBER~~ ☐ Delete  
NAME MEMBER  
STREET ADDRESS 3330 FISHER RD  
CITY-ST-ZIP CLEARWATER FL 33763

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Gayle Snow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/13/02 727-784-6699

CR2E083 (4/02)