

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90430 047 \*\*\*558.75

**DOCUMENT # P00000000053**

1. Entity Name

**AMERICAN POWERTRAIN & GEARS, INC.**

Principal Place of Business

POST OFFICE BOX 11111-2A  
 SAN JOSE BOULEVARD #271  
 JACKSONVILLE FL 32223

Mailing Address

POST OFFICE BOX 11111-2A  
 SAN JOSE BOULEVARD #271  
 JACKSONVILLE FL 32223

2. Principal Place of Business

*8924 San Jose Blvd.*

Suite, Apt. #, etc.

3. Mailing Address

*8924 San Jose Blvd.*

Suite, Apt. #, etc.

City & State

*Jacksonville FL*

City & State

*Jacksonville FL*

Zip

*32257*

Country

*USA*

Zip

*32257*

Country

*USA*

4. FEI Number

*650975792*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCMENAMY, WILLIAM B**  
**50 NORTH LAURA STREET**  
**SUITE 2925**  
**JACKSONVILLE FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SNEAD, KEVIN L</b>
STREET ADDRESS	<b>P.O. BOX 11111-2A SAN JOSE BLVD. #271</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BRANNON, BILLY W</b>
STREET ADDRESS	<b>POST OFFICE BOX 16702</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32245</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *Kevin L. Sneed*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/5/00* <sup>904</sup>  
 Date Daytime Phone # *737-2327*