

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91527 023 ***150.00

DOCUMENT # P00000016637

1. Entity Name

2542 Transmission Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2542 E. Irlo Bronson Hwy
Suite, Apt. #, etc.

3. Mailing Address

3330 Lakeshore Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kissimmee FL

City & State

St Cloud FL

4. FEI Number

59-3630605

Applied For

Not Applicable

Zip

34744

Country

USA

Zip

34769

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Frank V. Jaquinto

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

3330 Lakeshore Blvd

City

St Cloud

FL

Zip Code

34769

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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: P/SITID
NAME: Frank V. Jaquinto
STREET ADDRESS: 3330 Lakeshore Blvd, St Cloud
CITY - ST - ZIP: 34769

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

4-20-02

407-460-9151