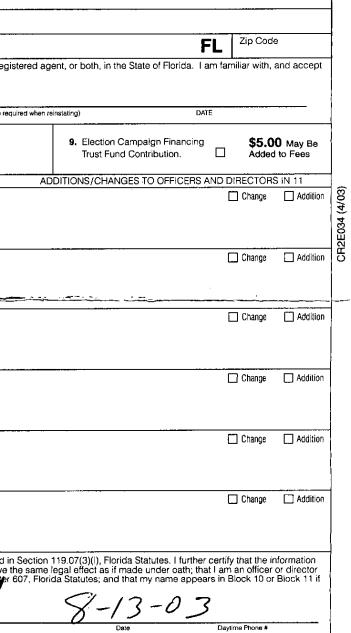
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P00000063799 DOCUMENT



08-15-2003 90087 029 ***550 00 1. Entity Name A-1 TRANSMISSIONS, INC. Mailing Address Principal Place of Business 8097 WOODSIDE LANE 8097 WOODSIDE LANE MILTON FL 32583 MILTON FL 32583 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3655253 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CREW & CREW, P.A. Street Address (P.O. Box Number is Not Acceptable) 25 N E BEAL PARKWAY FORT WALTON BEACH FL 32548 City 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) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition ☐ Delete TITLE SHEPHERD, JOHN L NAME NAME 8097 WOODSIDE LANE STREET ADDRESS STREET ADDRESS MILTON FL 32583 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE SHEPHERD, NANCY A NAME MAME 8097 WOODSIDE LANE STREET ADDRESS STREET ADDRESS MILTON: FL=32583 === CITY-ST-7IP CITY-ST-ZIF TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS

Aug 15, 2003 8:00 am & Secretary of State FILED



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 chapted or on an attachment with an address, with all other like employed. changed, or on an attachment with an address, with all other like en

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SIGNATURE:

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