

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90273 035 \*\*\*150.00

**DOCUMENT # P00000076807**

1. Entity Name  
**REMANUFACTURED TRANSMISSIONS, INC.**

Principal Place of Business  
**1216 W WASHINGTON STREET**  
**ORLANDO FL 32805**

Mailing Address  
**1216 W WASHINGTON STREET**  
**ORLANDO FL 32805**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3671611**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRISANTE, MICHAEL JR**  
**1216 W WASHINGTON STREET**  
**ORLANDO FL 32805**

Name **George M. Horine**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1216 W. Washington St**  
 City **Orlando** FL Zip Code **32805**

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: *George M. Horine* **4/25/02**  
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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input checked="" type="checkbox"/> Delete
NAME	CRISANTE, MICHAEL C JR	
STREET ADDRESS	1216 W WASHINGTON STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<del>OFFICER</del> D,P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James T. Horine	
STREET ADDRESS	1216 W. Washington St	
CITY-ST-ZIP	Orlando FL 32805	
TITLE	D,VP,S,T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George M. Horine	
STREET ADDRESS	1216 W. Washington St	
CITY-ST-ZIP	Orlando FL 32805	
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)(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.

SIGNATURE: *George M. Horine* **4/25/02** **407-420-5800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)