

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90086 033 ***150.00

DOCUMENT # P01000110306

1. Entity Name

~~AA ACTION TRANSMISSION SERVICES INC.~~

AA Action Transmission Specialty Inc.

Principal Place of Business
2710 S ORLANDO DR
SANFORD FL 32771
US

Mailing Address
2710 S ORLANDO DR
SANFORD FL 32771
US



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 **50-0755005**
81-0583396

Applied For

Not Applicable

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

HALL, JAMES C

225 OLD SANFORD OVIEDO RD
WINTER SPRINGS FL 32708

Name

Rodney Rapp

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

202 Valley Dr.

City

Longwood

FL

Zip Code

32779

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

Signature of Registered Agent signature required when reinstating

1-21-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **HALL, JAMES C**
STREET ADDRESS **643 DUNBLANE DR.**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **RODNEY RAPP**
CITY-ST-ZIP **202 Valley Dr**
Longwood, FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **Katherine E. Rapp**
CITY-ST-ZIP **202 Valley Dr.**
Longwood FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-321-3270

CR2E034 (10/02)