

FILED
Sep 12, 2003 8:00 am
Secretary of State

8/2

08-28-2003 90070 043 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000065101			
1. Entity Name ACT TRANSMISSION PARTS, INC.			
Principal Place of Business 5056 FOREST CREEK DRIVE PACE, FL 32571		Mailing Address 5056 FOREST CREEK DRIVE PACE, FL 32571	
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 75-3047420		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RITZ, JAMES 5056 FOREST CREEK DRIVE PACE, FL 32571		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ (Signature, printed or printed name of registered agent and date of filing) (NOTE: Registered Agent Signature required when changing)			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	☐ Delete	
STREET ADDRESS	5056 FOREST CREEK DRIVE		
CITY-ST-ZIP	PACE, FL 32571		
TITLE	NAME	☐ Delete	
STREET ADDRESS	5056 FOREST CREEK DRIVE		
CITY-ST-ZIP	PACE, FL 32571		
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
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 507, 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: <i>Wendy Ritz</i>		Date: <i>8/26/03</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR			

55056515

CR2003 (10/02)

Attachment

55056515
#PD2000065101

August 26, 2003

ACT Transmission Parts, Inc
5056 Forest Creek Drive
Pace, FL 32571

Uniform Business Report
Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

Corporation Division,

~~We had filed for an extension on our Income Taxes and our Bookkeeper looked up our corporate status. We are not listed for 2003. I looked through my receipts and paperwork and I don't believe I received the paperwork from the state to re-instate our Corporate Status for 2003. Perhaps there was confusion as to the mailing address whether it was sent to our Bookkeepers address, the business address or our home address.~~

For 2004, I prefer your office use the address above. Please accept this \$150.00 check and form for our 2003 renewal.

Thank you



Wendy Ritz
(850) 995-0861 phone
(850) 995-4836 Fax