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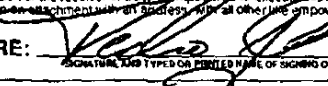
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

10110610

DOCUMENT # P93000011059			
1. Entity Name CERTIFIED TRANSMISSION, INC.			
Principal Place of Business 5214 HWY 60 EAST DOVER, FL 33527		Mailing Address 5214 HWY 60 EAST DOVER, FL 33527	
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 60-3400235		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UPDEGROVE, DOROTHY 4721 E. BLOOMINGDALE VALRICO, FL 33594		7. Name and Address of New Registered Agent NAME Pedro J. Martinez, JR Street Address (P.O. Box Number is Not Acceptable) 3202 W. HWY 60 City Plant City FL Zip Code 33567	
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 firm in my, and accept the consequences of this statement.			
SIGNATURE: 		DATE: 7/30/03	
Express, mail or other name of Registered Agent (if applicable)		(NOTE: Registered Agent Signature Required when submitting)	
FILE NOW IN FEB 15 \$160.00 OR MAY 15 2003 Fee will be \$550.00 Amended UBR is \$81.25 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 NAME STREET ADDRESS CITY-ST-ZIP	D UPDEGROVE, ROBERT 4721 E. BLOOMINGDALE VALRICO, FL 33594 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PEDRO J. MARTINEZ JR 3202 W HWY 60 PLANT CITY, FL 33567 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UPDEGROVE, DOROTHY 4721 EAST BLOOMINGDALE VALRICO, FL 33594 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 in Block 11 if added, with all other names empowered.			
SIGNATURE: 		DATE: 7/30/03 813 650-8300	
OPTIONAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		OPTIONAL PHONE	

CRF0304 (10/02)