

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004741

1. Entity Name

109 TRANSMISSIONS, INC.

Principal Place of Business

10938 E. COLONIAL DRIVE
ORLANDO FL 32817

Mailing Address

1216 WEST WASHINGTON STREET
ORLANDO FL 32805

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 59-3426649

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

EAQUINTO, F V
1216 W WASHINGTON ST
ORLANDO FL 32805

Name Michael Crisante Jr

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

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, 2001 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 DST
NAME CRISANTE, MICHAEL C JR.
STREET ADDRESS 1216 W WASHINGTON ST
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

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

TITLE DP
NAME IAQUINTO, FRANK V
STREET ADDRESS 1216 W WASHINGTON ST
CITY-ST-ZIP ORLANDO FL 32805 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01 407 420-5800

CR2E034 (10/00)

0065055

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90195 023 ***150.00



DO NOT WRITE IN THIS SPACE