2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # **P98000032208** ALTERNATIVE TRANSMISSIONS BY JACK DEMPSEY INC. 03-21-2000 90040 038 ***150.00 Mailing Address Principal Place of Business 14991 WEST COLONIAL DR. 14991 WEST COLONIAL DR. WINTER GARDEN FL 34787 WINTER GARDEN FL 34761-2531 O T O O N O 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3496713 Not Applicable -Country Zip __ Country ---\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEMPSEY, JACK Street Address (P.O. Box Number is Not Acceptable) 14991 WEST COLONIAL DR. WINTER GARDEN FL 34787 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ■ Addition ☐ Change ☐ Delete TITLE TITLE DEMPSEY, JACK NAME NAME 1005 RICHFIELD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **OCOEE FL 34761** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE NAME: 25 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS 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

SIGNATURE:

SIGNATURE AND TYPED OR P