

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90112 027 ***150.00

DOCUMENT # P98000057928

1. Entity Name
219 TRANSMISSION CORPORATION

Principal Place of Business
219 S08T
ORLANDO FL 32805

Mailing Address
3330 LAKESHORE BLVD
SAINT CLOUD FL 34769

2. Principal Place of Business

3. Mailing Address

8202 S. Orange Ave
 Suite, Apt. #, etc.

3330 Lakeshore Blvd
 Suite, Apt. #, etc.

City & State

City & State

Orlando FL

St Cloud FL

Zip

Country

Zip

Country

32809

USA

34769

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3524073**

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

IAQUINTO, FRANK
3330 LAKESHORE BLVD
SAINT CLOUD FL 34769

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.

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, 2002 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 **DPST** ☐ **Delete**
NAME **IAQUINTO, FRANK V**
STREET ADDRESS **3330 LAKESHORE BLVD**
CITY-ST-ZIP **ST CLOUD FL 34767**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP **34769**

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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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 all other like empowered.

SIGNATURE

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02
 Date

407-460-9151
 Daytime Phone #

CR2E034 (9/01)