

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90027 024 ***550.00

DOCUMENT # P99000028059

1. Entity Name
STREETER TRANSMISSION, INC.

Principal Place of Business
555 U.S. HIGHWAY 27 NORTH
SEBRING FL 33870

Mailing Address
555 U.S. HIGHWAY 27 NORTH
SEBRING FL 33870

2. Principal Place of Business
2401 US 27 S
 Suite, Apt. #, etc.

3. Mailing Address
2401 US 27 S
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Sebring FL
 Zip
33820

Country
HIGHLANDS

City & State
Sebring FL
 Zip
33870

Country
HIGHLANDS

4. FEI Number
59-3566397

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STREETER, DENNIS
555 U.S. HIGHWAY 27 NORTH
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name
STREETER DON
 Street Address (P.O. Box Number is Not Acceptable)
2401 US HIGHWAY 27 SOUTH
 City
Sebring FL Zip Code
33820

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 **Donald H. Streeter**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9 Sept 2001
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
PSTD
 NAME
STREETER, DENNIS ☒ Delete
 STREET ADDRESS
555 U.S. HIGHWAY 27 NORTH
 CITY-ST-ZIP
SEBRING FL 33870

TITLE
PSTD
 NAME
STREETER DON ☐ Delete
 STREET ADDRESS
2401 U.S. HIGHWAY 27 SOUTH
 CITY-ST-ZIP
Sebring FL 33820

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

12. 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

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

TITLE
 NAME ☐ Change ☐ Addition
 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: **Donald H. Streeter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9 Sept 2001

CR2E034 (5/01)