

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90096 044 ***150.00

DOCUMENT # P99000028059

1. Entity Name
STREETER TRANSMISSION, INC.



Principal Place of Business
**2401 US 27 S
SEBRING FL 33870**

Mailing Address
**2401 US 27 S
SEBRING FL 33870**

11000007



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 **59-3566397**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STREETER, DON
2401 US HIGHWAY 27 SOUTH
SEBRING FL 33870**

7. Name and Address of New Registered Agent

Name **Dennis Streeter**
Street Address (P.O. Box Number is Not Acceptable)

**2401 US HIGHWAY 27 SOUTH
City Sebring FL Zip Code 33870**

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 familiar with, and accept the obligations of registered agent.

SIGNATURE **Dennis Streeter**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-03

**FILE NOW!!! FEE IS \$150.00
After May-1, 2003 Fee will be \$550.00
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

TITLE **PSTD** ☒ Delete
NAME **STREETER, DON**
STREET ADDRESS **2401 U.S. HIGHWAY 27 SOUTH**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Streeter Dennis**
STREET ADDRESS **2401 U.S. HIGHWAY 27 SOUTH**
CITY-ST-ZIP **Sebring FL 33870**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dennis Streeter**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03
Date

Daytime Phone #

CR2E034 (10/02)