

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S57506

1. Entity Name

NATIONAL TRANSMISSION AUTOMOTIVE, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90128 025 ***150.00

Principal Place of Business

~~1034 EAST MAIN ST.~~
~~LAKELAND FL 33801~~

Mailing Address

~~1034 EAST MAIN ST.~~
~~LAKELAND FL 33801-5131~~

2. Principal Place of Business

2121 East Main St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3531

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

59-3070477

Applied For

Not Applicable

Zip

33801

Country

Zip

33802

Country

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

THOMAS, WILLIAM C
2306 BUCKINGHAM AVE
LAKELAND FL 33803

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, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	THOMAS, LINDA S.	
STREET ADDRESS	2306 BUCKINGHAM AVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	THOMAS, WILLIAM C JR.	
STREET ADDRESS	2306 BUCKINGHAM AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Linda S. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00
Date

863-666-1964
Daytime Phone #

CR2E034 (9/99)