

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

03-23-2000 90017 034 ***150.00

DOCUMENT # P98000075767

1. Entity Name

OSCEOLA AUTO REPAIR & FLEET SERVICE, INC.

Principal Place of Business

2749 N. ORANGE BLOSSOM TRL
 KISSIMMEE FL 34744

Mailing Address

2749 N. ORANGE BLOSSOM TRL
 KISSIMMEE FL 34744-1373

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3531244

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~GENOESE, JOSEPH
 214 TARANTO WAY
 KISSIMMEE FL 34758~~

7. Name and Address of New Registered Agent

Name
GARY L. TENEYCK
 Street Address (P.O. Box Number is Not Acceptable)

1508 MABBETTE ST.

City
KISSIMMEE

FL **34741** 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

GARY L. TENEYCK *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-00

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GENOESE, JOSEPH	
STREET ADDRESS	214 TARANTO WAY	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	EYCK, GARY T	
STREET ADDRESS	1508 MABBETTE STREET	
CITY-ST-ZIP	KISSIMMEE FL 34741	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	OWNER. P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TENEYCK GARY L.	
STREET ADDRESS	1508 MABBETTE STREET	
CITY-ST-ZIP	KISSIMMEE, FL. 34741	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

[Signature] **GARY L. TENEYCK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-944-3885