

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0093633 AV

DOCUMENT # J79115

1. Entity Name
GAGEL'S AUTO PARTS, INC.



FILED
03 AUG 28 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
% PATRICIA A. GAGEL
6701 SOUTH 78TH ST.
RIVERVIEW FL 33569

Mailing Address
% PATRICIA A. GAGEL
6701 SOUTH 78TH ST.
RIVERVIEW FL 33569

2. Principal Place of Business

3. Mailing Address

P.O. Box 1549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Riverview FL

Zip

Country

Zip

Country

33568-1549

Hillsborough

4. FEI Number 59-2858283

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GAGEL, PATRICIA A.
6701 SOUTH 78TH ST.
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name Earl Ray Gage
Street Address (P.O. Box Number is Not Acceptable)
6701 S. 78th St
7
City Riverview FL Zip Code 33569

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 Earl Ray Gage

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

(NOTE: Registered Agent signature required when reinstating)

7/15/03

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	D	☐ Delete
NAME	GAGEL, EARL RAY	
STREET ADDRESS	1808 CHICKASAW TRAIL	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	☐ Delete
NAME	GAGEL, PATRICIA A.	
STREET ADDRESS	1808 CHICKASAW TRAIL	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	☐ Delete
NAME	GAGEL, MICHAEL T.	
STREET ADDRESS	1808 CHICKASAW TRAIL	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	☐ Change ☐ Addition
NAME	900022286349
STREET ADDRESS	08/13/03--01045--006 **550.00
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/03 677-4431

Date Daytime Phone #

CR2E034 1/1/03