

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 45054

1. Entity Name

JOS AUTOMOTIVE INC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 MAY 15 PM 1:32

Principal Place of Business

Mailing Address

WD1000006081

2. Principal Place of Business

234 NE 6TH AVE

3. Mailing Address

234 NE 6TH AVE

REINSTATEMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

BOYNTON BEACH, FL

City &amp; State

BOYNTON BEACH, FL

4. FEI Number

65-0195084

Not Applicable

Zip

33435

Country

US

Zip

33435

Country

US

5. Certificate of Status Desired

Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Robert Mosnier Jr.  
1002 Coral Court  
Boynton Beach FL  
33426

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

Robert Mosnier Jr.

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, 2001, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	Pres. John Wright	425 SW 1ST AVE.	BOYNTON BEACH FL 33435	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	V.P. Robert Mosnier Jr.	1002 Coral Court	BOYNTON BEACH FL 33426	<input type="checkbox"/>

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: Robert Mosnier Jr.

Date

Daytime Phone

3/5/01

561-364  
-1812



# POWER OF ATTORNEY and Declaration of Representative

DR-835  
R.01/00

2054

## PART I - POWER OF ATTORNEY

### 1. TAXPAYER INFORMATION (Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8)

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print)

JOS AUTOMOTIVE INC  
234 NE 6TH AVE  
BOYNTON BEACH, FL 33435

TAXPAYER IDENTIFICATION NO(S).  
(SSN, FEIN, etc.)

65-0195084

FLORIDA TAX REGISTRATION NUMBER

L45054

DAYTIME TELEPHONE NUMBER

(561) 364-1812

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

### 2. REPRESENTATIVE(S) (Each representative must be listed individually, and must sign and date this form on Page 2, Part II)

NAME AND ADDRESS (Please Type or Print)

WALTER J. KONIARCZYK, CPA/PFS  
2275 S. FEDERAL HWY, SUITE 370  
DELRAY BEACH, FL 33483

TELEPHONE NUMBER

(561) 272-7717

FAX NUMBER

(561) 272-8531

NAME AND ADDRESS (Please Type or Print)

TELEPHONE NUMBER

( )

FAX NUMBER

( )

NAME AND ADDRESS (Please Type or Print)

TELEPHONE NUMBER

( )

FAX NUMBER

( )

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

### 3. TAX MATTERS

TYPE OF TAX (Corporate, Sales, Intangible, etc.)

TAX FORM NUMBER (F-1120, DR-15, DR-601, etc.)

YEAR(S) / PERIOD(S) / MATTER(S)

CORPORATE TAX,

UNIFORM BUSINESS

1991-2001

& UNIFORM BUSINESS

REPORTS

REPORT & ALL

RELATED MATTERS

### 4. ACTS AUTHORIZED

The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in section 3, (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR DELETIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY

### 5. RECEIPT OF REFUND

If you want to authorize a representative named in section 2 to receive, BUT NOT TO ENDORSE OR CASH, refund warrants, initial here \_\_\_\_\_ and list the name of that representative below.

NAME OF REPRESENTATIVE TO RECEIVE REFUND WARRANTS: \_\_\_\_\_

- Taxpayer(s) must complete Page 1 of this Power of Attorney, or it will be returned.

30f9

**6. NOTICES AND COMMUNICATIONS**

- Notices and other written communications will be sent to the first representative listed in Part I, section 2, unless taxpayer selects one of the options below.

- a. If you want any notices and communications sent to both you and your representative, check this box ..... ☐
- b. If you do not want any notices or communications sent to your representative, check this box ..... ☐
- c. If you want the second representative listed to receive such notices and communications, check this box ..... ☐
- d. If you want the third representative listed to receive such notices and communications, check this box ..... ☐

**7. RETENTION / REVOCATION OF PRIOR POWER(S) OF ATTORNEY**

The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Florida Department of Revenue for the **same** tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check this box ..... ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

**8. SIGNATURE OF TAXPAYER(S)**

If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer. Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.

If this Power of Attorney is not signed and dated, it will be returned.

<u>Robert Mosher</u>	<u>5/17/01</u>	<u>VP.</u>
SIGNATURE	DATE	TITLE (If Applicable)
<u>ROBERT MOSHER</u>		
PRINT NAME		
_____ SIGNATURE	_____ DATE	_____ TITLE (If Applicable)
_____ PRINT NAME		

**PART II - DECLARATION OF REPRESENTATIVE**

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive confidential taxpayer information;
- I am one of the following:
  - a. Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b. Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c. Enrolled Agent / Actuary - enrolled as an agent or actuary under the requirements of Treasury Department Circular No. 230. (Attach evidence of enrolled status.)
  - d. Law student who is certified pursuant to Chapter 11 of the Rules Regulating the Florida Bar.
  - e. Former Department of Revenue employee. As a tax representative, I cannot accept representation in a matter upon the merits of which I had direct involvement while I was a public employee.
  - f. Other Qualified representative. (Note: Representatives qualifying under this subsection must comply with Rules 12-6.005 and 28-106.106, Florida Administrative Code.);
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will be returned.

DESIGNATION - INSERT ABOVE LETTER (a - f)	JURISDICTION (State) or ENROLLMENT CARD NO.	SIGNATURE	DATE
<u>D</u>	<u>FL</u>	<u>Robert Mosher</u>	<u>5/17/01</u>

Walter J.  
Koniarczyk, CPA/PFS

Fax (561) 272-8531

Email: wjkboatax@bellsouth.net

## Member of:

- American Institute of Certified Public Accountants
- Personal Financial Planning Division
- Financial Planning Association

May 10, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Telephone #: (850) 487-6059

Re: J&S Automotive, Inc.  
Reference #: L45054  
Letter #: 201A00016310

Gentlemen:

Enclosed are the following:

1. Your letter and corporate detail record screen dated March 16, 2001
2. Signed copy of 2001 Uniform Business Report (UBR)
3. Remittances of:
  - a. \$ 150.00 (for year 2001 UBR report)
  - b. \$ 1,537.50 (for years 1991 through 2000 UBR report)

Please reinstate the above named corporation as soon as possible and send written notification of reinstatement to the current registered agent:

Robert Moshier, Jr.  
1002 Coral Court  
Boynton Beach, FL 33426

It is respectfully requested that the originally assessed penalties of \$ 473.75 be removed for reasonable cause, i.e. the taxpayer was not advised of the annual filing requirements by his prior accountant. Also, the taxpayer's regular bookkeeper became seriously ill and was forced to end her bookkeeping duties for the taxpayer.

Please contact me directly if additional information is needed - power of attorney is enclosed.

Very truly yours,

Walter J. Koniarczyk, CPA/PFS  
Telephone #: (561) 272-7717