

-FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 JAN -6 PM 3:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT# P00000044103

1. Entity Name

Hosey,s Auto Parts & Ser.,Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1205 Bruton Blvd.

3. Mailing Address
1205 Bruton Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number
65-0183706

Applied For
Not Applicable

Zip
32805

Country
Orange

Zip
32805

Country
Orange

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Sessler, Coretha

Street Address (P.O. Box Number is Not Acceptable)
3367 Wolcott Place

City Orlando, Florida FL 32805

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME Sessler, Hosey B
STREET ADDRESS 3367 Wolcott Place
CITY-ST-ZIP Orlando, FL 32805

TITLE VD
NAME Sessler, Vurnell D
STREET ADDRESS 1830 Long Iron Dr., Apt. 722
CITY-ST-ZIP Viera FL 32955

TITLE STD
NAME Sessler, Coretha
STREET ADDRESS 3367 Wolcott Place
CITY-ST-ZIP Orlando, FL 32805

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/02)