

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90200 001 ***150.00

0319145 AV

DOCUMENT # P01000058418

1. Entity Name
JOSIE'S TRANSPORTATION SERVICE INC.



Principal Place of Business
**12624 N. KENDALL DRIVE
MIAMI FL 33186
US**

Mailing Address
**12624 N. KENDALL DRIVE
MIAMI FL 33186
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

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

**COSSEY, PHILLIP J
12624 N. KENDALL DRIVE
MIAMI FL 33186**

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **COSSEY, PHILLIP J**
STREET ADDRESS **12624 N. KENDALL DRIVE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **COSSEY, FELICITA J**
STREET ADDRESS **12624 N. KENDALL DRIVE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

PHILLIP J. COSSEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8 MARCH 03 305-596-5562

CR2E034 (10/02)

Attachment



Department of the Treasury
Internal Revenue Service

11601 Roosevelt Blvd.

Philadelphia, PA 19154

10058650

001000058418

In reply refer to: 0541828491

April 02, 2003

65-1115195

000

JOSIES TRANSPORTATION SERVICE INC
12624 N KENDALL DR
MIAMI, FL 33186-1867 241

Taxpayer Identification Number: 65-1115195

Form(s):

Dear Taxpayer:

Thank you for your phone call on April 2, 2003 concerning your account.

Your employer identification number is 65-1115195. Please include this number with any correspondence when you are writing or calling in to the Internal Revenue Service Center regarding your account.

Best of luck in your business!

Sincerely,

Michele Fleming

MICHELE A. FLEMING

28-02205

Customer Service Representative