ATX1

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000112418

1. Entity Name

OSCEOLA AUTO & TRUCK REPAIR, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1506 N KELLEY AVENUE UNIT 2	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE, FL	City & State
Zip: 34744 / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 33-1026945 — ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: JAMES CHACE

Street Address (P.O. Box Number is Not Acceptable): 918 DERBYSHIRE DRIVE

City: KISSIMMEE — FL — Zip Code: 34758

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT
NAME	JAMES CHACE
STREET ADDRESS	918 DERBYSIRE DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34758
TITLE	VICE PRESIDENT
NAME	JOSEPH A GULINO
STREET ADDRESS	1506 N KELLEY AVENUE UINT 2
CITY-ST-ZIP	KISSIMMEE FL 34744
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DO NOT WRITE IN THIS SPACE

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: _____ JAMES CHACE 4/7/05 407-933-8833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #