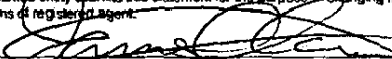
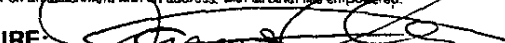


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DOCUMENT # P02000112418													
1. Entry Name OSCEOLA AUTO & TRUCK REPAIR INC.													
Principal Place of Business 1506 N. KELLEY AVENUE UNIT 2 KISSIMMEE, FL 34744 US		Mailing Address 918 DERBYSHIRE DRIVE KISSIMMEE, FL 34758											
2. Principal Place of Business		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State											
Zip	Country	Zip	Country										
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent											
CHACE, JAMES 918 DERBYSHIRE DRIVE KISSIMMEE, FL 34758		Name											
		Street Address (P.O. Box Number is Not Acceptable)											
		City	FL Zip Code										
8. The above named entry 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 4/30/03											
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 \$5.00 May Be Added to Fees Trust Fund Contribution. ☐											
10. OFFICERS AND DIRECTORS													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">TITLE P NAME CHACE, JAMES STREET ADDRESS 918 DERBYSHIRE DRIVE CITY-ST-ZIP KISSIMMEE, FL 34758</td><td style="width: 50%; text-align: right;">☐ Delete</td></tr><tr><td>TITLE VP, T NAME GULINO, JOSEPH A STREET ADDRESS 421 FOUNTAINHEAD CIRCLE, APT. 212 CITY-ST-ZIP KISSIMMEE, FL 34741</td><td style="text-align: right;">☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;">☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;">☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;">☐ Delete</td></tr></table>				TITLE P NAME CHACE, JAMES STREET ADDRESS 918 DERBYSHIRE DRIVE CITY-ST-ZIP KISSIMMEE, FL 34758	☐ Delete	TITLE VP, T NAME GULINO, JOSEPH A STREET ADDRESS 421 FOUNTAINHEAD CIRCLE, APT. 212 CITY-ST-ZIP KISSIMMEE, FL 34741	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width: 50%; text-align: right;">☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;">☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;">☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;">☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="text-align: right;">☐ Change ☐ Addition</td></tr></table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(1), 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 I 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 		DATE 4/30/03 407-933-8833											