2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91789 032 ***150.00

DOCUMENT # **P94000043672**

1. Entity Name
GAGEL'S AUTO SALES, INC.

Principal Place of Business	Mailing Address
6701 S. 78TH ST RIVERVIEW, FL 33569	6701 S. 78TH ST RIVERVIEW, FL 33569

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11023 US Hwy 41 S.	11023 US Hwy 41 S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gibsonton FL	City & State: Gibsonton FL
Zip: 33534 Country: Hillsborough	Zip: 33534 Country: Hillsborough

4. FEI Number: **59-3247328** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAGEL, MICHAEL T
6701 SOUTH 78TH ST.
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

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 $400.00
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	TITLE	☐ Change ☐ Addition
NAME	GAGEL, MICHAEL T	NAME	
STREET ADDRESS	804 E. MLK BLVD	STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 33584	CITY-ST-ZIP	
TITLE	VPST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GAGEL, SHARI S	NAME	
STREET ADDRESS	804 E. MLK BLVD	STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 33584	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: Michael T Gagel 4-29-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #