CR2E034 (10/02)

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P95000025390 DOCUMENT #

1. Entity Name

J. HOSTER MOBILITY, INC.



Principal Place of Business Mailing Address 4912 SUNSET BLVD 4912 SUNSET BLVD PORT RICHEY FL 34618-6446 PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3321886 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOSTER, JAMES P. III Street Address (P.O. Box Number is Not Acceptable) 4912 SUNSET BLVD PORT RICHEY FL 34688 City 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Addition ☐ Change HOSTER, JANE S NAME 4912 SUNSET BLVD STREET ADDRESS PORT RICHEY FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition Hoster, James P III NAME 4912 SUNSET BLVD STREET ADDRESS PORT RICHEY FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ■ Addition NAME STREET ADDRESS CITY-ST-ZIP

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90679 030 \*\*\*150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT! F NAME STREET ADDRESS CITY-ST-7IP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

PHOSTERILL GNATURE AND YPED OR PRINTED NAME OF SIGNING OF