

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90013 037 ***550.00

0013181

DOCUMENT # P95000070189

1. Entity Name

HOT WHEELS AND ACCESSORIES, INC.

Principal Place of Business

**5105-4 PHILLIPS HWY
 JACKSONVILLE FL 32207
 US**

Mailing Address

**5105-4 PHILIPS HWY
 JACKSONVILLE FL 32207**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3338299**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SEPA, JOHN & HELEN
 5105-4 PHILIPS HWY
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name **RJ Huisinga**
 Street Address (P.O. Box Number is Not Acceptable)
3033-1 Hartley Road
 City **Jacksonville** FL Zip Code **32257**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NO Signature required when reinstating)

DATE

4/30/01

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW !! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SEPA, JOHN R	
STREET ADDRESS	5105-4 PHILIPS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VTS	<input checked="" type="checkbox"/> Delete
NAME	SEPA, HELEN A	
STREET ADDRESS	5105-4 PHILIPS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres - Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James M Phillips	
STREET ADDRESS	5105-4 Phillips Hwy	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	V-Pres. Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas L Phillips	
STREET ADDRESS	5105-4 Phillips Hwy	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: **Tom Phillips**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/01 **904-448-0628**
 Date Daytime Phone #

CR2E034 (10/00)