2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State
08-29-2003 90092 045 ***150.00

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DOCUMENT # P02000112571

1. Entity Name
DIESEL MARINE REPAIR SERVICE, INC.

Principal Place of Business	Mailing Address
3791 #6 11TH AVE. POMPANO BCH FL 33064	3791 #6 11TH AVE. POMPANO BCH FL 33064

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2175 N. Andrews Ave.		2175 N. Andrews Ave	
Suite, Apt. #, etc.: #5		Suite, Apt. #, etc.: #5	
City & State: Pompano Bch, FL.		City & State: Pompano Bch. FL.	
Zip: 33069	Country: Broward	Zip: 33069	Country: Broward

4. FEI Number 650526396 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, MALCOLM
3791 #6 11TH AVE.
POMPANO BCH FL 33064

7. Name and Address of New Registered Agent

Name: Malcolm Martin
Street Address (P.O. Box Number is Not Acceptable): 2175 N. Andrews Ave. #5
City: Pompano Bch. FL Zip Code: 33069

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 $550.00
After September 10, 2003 Fee will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Malcolm Martin 2175 N. Andrews Ave. #5 Pompano Bch. FL. 33069	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (4/03)

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: Malcolm Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Aug 20, 2003

Florida Dept. of State:

This is the first notice that I received. The new mailing and business address is printed on the enclosed form. Please find enclosed, a check for $1/50^{00}$.

Thank You.

Attachment

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