

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90179 016 ***150.00

DOCUMENT # 312129

1. Entity Name
ATLANTIC DIESEL SERVICE, INC.



Principal Place of Business
**STATE ROAD #621 EAST
POST OFFICE BOX 993
LAKE PLACID FL 33852**

Mailing Address
**P. O. BOX 993
POST OFFICE BOX 993
LAKE PLACINO FL 33862
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1160304**

Applied For
Not Applicable

Zip Country Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NIEMAN, MAX A.
STATE ROAD 621E
POST OFFICE BOX 993
LAKE PLACID FL 33852**

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 Betty M. Nieman Betty M. Nieman - Sec. Treas. 1-26-03
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
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	PD	<input type="checkbox"/> Delete
NAME	NIEMAN, MAX A.	
STREET ADDRESS	STATE ROAD 621E	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NIEMAN, BETTY M.	
STREET ADDRESS	STATE ROAD 621E	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EICHHORN, GEORGINA C.	
STREET ADDRESS	LAKE CLAY DR.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EICHHORN, GERALD	
STREET ADDRESS	LAKE CLAY DR.	
CITY-ST-ZIP	LAKE PLACID FL	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Betty M. Nieman Betty M. Nieman 863-465-3756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)