## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # 480539 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** SUN STATE DIESEL, INC. 03-30-2000 90058 034 \*\*\*150.00 Principal Place of Business Mailing Address 7608 SILVER SANDS RD 7608 SILVER SANDS RD WEST MELBOURNE FL 32904-1128 WEST MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-1635248 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLETCHER, SCOTT Street Address (P.O. Box Number is Not Acceptable) 452 CRYSTAL LAKE DRIVE MELBOURNE FL 32940 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ D∈ lete Change Addition TITLE FLETCHER, SCOTT NAME STREET ADDRESS 452 CRYSTAL LAKE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL ☐ D∈lete TITLE Change Addition TITLE RIGGS, KELLI NAME NAME STREET ADDRESS 19625 WYNDHAM LAKES DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODESSA FL Addition TITLE ☐ Change ☐ Delete TITLE DIDONATO, MARIAN NAME NAME 5232 PENNYWOOD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LISLE IL [] Change Addition ☐ D∈lete TITLE TITLE FLETCHER, ELLEN C. NAME NAME 452 CRYSTAL LAKE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2000 (321)725.076

Daytime Phone #