

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90042 012 ***150.00

DOCUMENT # G43245

1. Entity Name
DIESEL SPECIALISTS, INC.



Principal Place of Business Mailing Address
390 N. ORANGE AVE **390 N. ORANGE AVE**
BANK OF AMERICA CENTER, SUITE 2700 **BANK OF AMERICA CENTER, SUITE 2700**
ORLANDO FL 32801-1673 **ORLANDO FL 32801-1673**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2294865** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMPSEY, BERNARD, H., JR., ESQ
390 N. ORANGE AVE
BANK OF AMERICA CENTER, SUITE 2700
ORLANDO FL 32801-1673

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINCOLN, DON		NAME	Lincoln, Don	
STREET ADDRESS	6111 LINNEAL BEACH DR.		STREET ADDRESS	5222 SAILWIND CIRCLE	
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINCOLN, BORIBOON		NAME	LINCOLN, BORIBOON	
STREET ADDRESS	6111 LINNEAL BEACH DR.		STREET ADDRESS	5222 SAILWIND CIRCLE	
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINCOLN, JAMES		NAME		
STREET ADDRESS	2420 PIEDMONT LAKES BLVD		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINCOLN, KURTIS		NAME	Lincoln, Kurtis	
STREET ADDRESS	6111 LINNEAL BEACH DR		STREET ADDRESS	5222 SAILWIND CIRCLE	
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 manager 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 affidavit with all other persons empowered.

SIGNATURE: Michael C. Sasso
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 407/422-5766
 Date Daytime Phone #

CR2E034 (9/01)