

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H44170

1. Entity Name

CUMMINS DIESEL POWER INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90109 029 ***158.75

Principal Place of Business

Mailing Address

5421 N 59TH STREET
111 E MADISON ST #2300 P O BOX 1531
TAMPA FL 33610
US

5421 N 59TH STREET
111 E MADISON ST #2300 P O BOX 1531
TAMPA FL 33610-2002
US

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 66-0415791

Applied For

Not Applied

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

STOHLER, RICHARD L
5910 E HILLSBOROUGH AVE
TAMPA FL 33610

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, 2000 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
NAME STOHLER, RICHARD L.
STREET ADDRESS 5910 E. HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL

TITLE TAS
NAME Eric K Nelson
STREET ADDRESS 5910 E Hillsborough Ave
CITY-ST-ZIP Tampa FL 33610

TITLE TASC
NAME NELSON, ERIC K
STREET ADDRESS 5910 E HILLSBOROUGH AVENUE
CITY-ST-ZIP TAMPA FL 33610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME BRUNO, HECTOR L
STREET ADDRESS 5910 E HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME STOHLER, W GALE
STREET ADDRESS 5910 E HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Richard L. Stohler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2000

813 626 1101

Date

Daytime Phone #