

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J61406

DOCUMENT # J61406

1. Entity Name
CERTIFIED DIESEL & MARINE CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 FEB 25 AM 8:24

90018487

Principal Place of Business
2640 AVE. OF THE AMERICAS
7361 ELSA ST.
ENGLEWOOD FL 34224
US

Mailing Address
% WAYNE MACNEIL
7361 ELSA ST.
ENGLEWOOD FL 34224

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 06-1190113

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

MACNEIL, WAYNE
7361 ELSA ST.
ENGLEWOOD FL 34224

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
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	P MACNEIL, WAYNE F. 7361 ELSA ST. ENGLEWOOD FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACNEIL, GERALD C. 24 WENDOVER WAY BEDFORD NH	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MACNEIL, DONNA M. 24 WENDOVER WAY BEDFORD NH	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wayne F. MacNeil 1-3-03 941-475-7270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)