2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # **J73657** 1. Entity Name NORTHWEST DIESEL SERVICE, INC. 04-03-2001 90049 004 ***150.00 Principal Place of Business Mailing Address 12024 DOBBS LANE. 12024 DOBBS LANE. SOUTHPORT FL 32409 SOUTHPORT FL 32409 C0040548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2805724 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOBBS, JACK L. Street Address (P.O. Box Number is Not Acceptable) 12024 DOBBS LANE. **BRIGGS LANE** PANAMA CITY FL 32405 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 11. 12. Change: Addition TITLE ☐ Detete NAME DOBBS, JACK L STREET ADDRESS 12024 DOBBS LANE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTHPORT FL TITI F ☐ Delete ☐ Change ☐ Addition NAME NAME DOBBS, DEBORAH H. STREET ADDRESS STREET ADDRESS 12024 DOBBS LANE. CITY-ST-ZIP CITY-ST-ZIP SOUTHPORT FL TITLE TITLE ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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 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 with a made of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corp

SECRETARY

SIGNATURE:

DEBORAH H. DOBBS