


# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L94000000085**  
 1. Entity Name  
**DIESEL MARKETING SERVICES INTERNATIONAL, L.C.**

Principal Place of Business Mailing Address  
**%WADID MOUSSA** **%WADID MOUSSA**  
**2060 MARILYN STREET, D-233** **2060 MARILYN STREET, D-233**  
**CLEARWATER FL 33765** **CLEARWATER FL 33765**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

**FILED**  
**2001 MAY -2 PM 4:02**  
**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**  


DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3226598** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$5.00 Additional Fee Required**  
**6. Name and Address of Current Registered Agent**  
**MOUSSA, WADID**  
**1992 ARVIS CIRCLE E.**  
**CLEARWATER FL 34624**  
**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
~~500004336835-5~~  
 -05/31/01--01087--015  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MOUSSA, WADID</b> <b>2060 MARILYN STREET, D-233</b> <b>CLEARWATER FL 33765</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SCHROEDER, STUART R</b> <b>20800 SWENSON DR., SUITE 150</b> <b>WAUKESHA WI 53186</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BURGGRAF, JURGEN DR.</b> <b>%BARBARASTRASSE 9</b> <b>39218 SCHONEBECK GERMANY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Wadid Moussa* **VP** **4-27-2001**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #