2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000041667							FILED Sep 17, 2001 8:00 am Secretary of State			
1. Entity Nar		" F000C	0041007					01 90220 016 *		
DIESL &	ASSOCIA	ITES, INC.			1					
Principal Place of Business Mailing Address										
C/O 201 5TH ST ST AUGUSTINE FL 32084 C/O 201 5TH ST ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084							78337			
2. Principal f	Place of Busin	ness	3. Mailing Address				- I LADDICALU III BAINI BAINI BAIN BAIN BAIN BAIN BRITA HABIF BINA BINA CARLIDAN			
Suite, Apt	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Sta	te		City & State			4.	FEI Number らいといくい	⊢ ⊢	oplied For lot Applicable	
Zip	4	Country	Zip	Country		5.	. Certificate of Status Desired	S8.75 Ac Fee Requir		
_ meg.** ***.	6. Name	and Address of Current	Registered Agent =====		Name	7.	Name and Address of New Re	platered Agent		
WETZEL, THIELE 580 BALLOUGH RD DAYTONA BEACH FL 32114					Street Add	Street Address (P.O. Box Number is Not Acceptable)				
48					City			FL Zip Coo	de	
8. The above	named entit	y submits this statement fo	or the purpose of changing lts	register	ed office or re	egistered a	agent, or both, in the State of Flori	da.		
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	ed Agent signature	required when	n reinstating)	DATE		
Tax filing		ible to satisfy its Intangible and elects to do so.	FILE NOW After September 1: Make Check Paya	2, 2001	Fee will be	\$750.00	10. Election Campaign Finar Trust Fund Contribution.		O May Be d to Fees	
11.	1 04.5	OFFICERS AND		12.		A	DDITIONS/CHANGES TO OFFIC			
NAME STREET ADDRESS CHY-ST-ZIP	PRESIDENT, TRUSPARIA, SECUTIONY Delete ERIC T DIESL JOI 5 TH ST ST. MUNSTIME FL 32080				- I					
TITLE	51. /	MINSTINE FL	32080 □ Delete	TITL				☐ Change	Addition S	
NAME STREET ADDRESS CITY-ST-ZIP					EET ADDRESS -ST-ZIP					
_TITLE			Delicit	— - тт	1			- Change	Addition	
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STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP	_			STRE	ET ADORESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1	·		☐ Change	☐ Addition	
indicated of the cor	on this repor poration or th	t or supplemental report is e receiver or trustee empo	true and accurate and that n	ny signat	ture shall hay red by Chapt	e the same er 607, Floi	i 119.07(3)(i), Florida Statutes. I fu l'egal effect as if made under oat rida Statutes; and that my name a	h; that I am an officer ppears in Block 11 o	or director Block 12 if	
SIGNAT	URE: _	SIGNA/C	WEAREON /		En	e Dust	L 7/24/01	904-461-	3528	