

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90072 025 \*\*\*150.00

**DOCUMENT # P01000114414**

1. Entity Name

AMERICAN DIESEL & GAS SALES, INC.



Principal Place of Business

1255 MASON AVENUE  
DAYTONA BEACH FL 32117

Mailing Address

1255 MASON AVENUE  
DAYTONA BEACH FL 32117

2. Principal Place of Business

3. Mailing Address

811 HIGHLAND POINT DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT JENNIFER, FLORIDA

Zip

Country

Zip

Country

32127

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3759983

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

CHUCCHMAN, RICHARD K CPA.  
1255 MASON AVENUE  
DAYTONA BEACH FL 32127

Name

~~RICHARD K CHUCCHMAN CPA~~

Street Address (P.O. Box Number is Not Acceptable)

1255 MASON AVE

City

DAYTONA BEACH

FL

Zip Code

32117

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	WIGGINS, STANLEY E		
STREET ADDRESS	1255 MASON AVENUE		
CITY-ST-ZIP	DAYTONA BEACH FL 32117		
TITLE	VSTD		
NAME	BASS, MICHAEL L		
STREET ADDRESS	1255 MASON AVENUE		
CITY-ST-ZIP	DAYTONA BEACH FL 32117		
TITLE			
NAME			
STREET ADDRESS			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03 386 760-1243

Date

Daytime Phone #

CR2E034 (10/02)