

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90072 002 \*\*\*150.00

**DOCUMENT # P93000077234**

**1. Entity Name**  
**DIESEL IMPEX CORPORATION**

**Principal Place of Business**

**935 EKANA GREEN CT  
 OVIEDO FL 32765  
 US**

**Mailing Address**

**935 EKANA GREEN CT  
 OVIEDO FL 32765  
 US**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number 59-3212241**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**HANSON, MARC  
 DIESEL IMPEX CORP.  
 935 EKANA GREEN COURT  
 OVIEDO FL 32765**

**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** *Marc Hanson, Pres.*

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

(NOTE: Registered Agent signature required when reinstating)

**FEB. 5, 2002**

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE:** **P** ☐ Delete  
**NAME:** **HANSON, MARC**  
**STREET ADDRESS:** **935 EKANA GREEN CT**  
**CITY-ST-ZIP:** **OVIEDO FL**

**TITLE:** **SV** ☐ Delete  
**NAME:** **ARTMAN, WIETUSCH B**  
**STREET ADDRESS:** **935 EKANA GREEN CT**  
**CITY-ST-ZIP:** **OVIEDO FL**

**TITLE:** ☐ Delete  
**NAME:**  
**STREET ADDRESS:**  
**CITY-ST-ZIP:**

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**TITLE:** ☐ Delete  
**NAME:**  
**STREET ADDRESS:**  
**CITY-ST-ZIP:**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**TITLE:** ☐ Change ☐ Addition  
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**CITY-ST-ZIP:**

**TITLE:** ☐ Change ☐ Addition  
**NAME:**  
**STREET ADDRESS:**  
**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 other like empowered.**

**SIGNATURE:**

*Marc Hanson* **FEB 5, 2002 407 359 0040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)