2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOCUMENT # **P93000083392** May 01, 2000 8:00 am Secretary of State 1. Entity Name DIESEL-DO-IT, INC. 05-01-2000 90306 048 ***150.00 Mailing Address Principal Place of Business 5811 HOLLY HOCK DRIVE 5811 HOLLY HOCK DRIVE LAKELAND FL 33813-3274 LAKELAND FL 33813 3. Mailing Address 2. Principal Place of Business ARDEN BLUD HARDEN BLVD. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3213983 Not Applicable \$8.75 Additional 5. Certificate of Status Desired U3A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MULLINS, KERMIT R Street Address (P.O. Box Number is Not Acceptable 5811 HOLLY HOCK DRIVE LAKELAND FL 33813 LOT # 134 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so 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 12. 11. Change ☐ Addition TITLE TITLE □ Delete MULLINS, KERMIT R NAME NAME STREET ADDRESS **5811 HOLLY HOCK DRIVE** STREET ADDRESS CITY-ST-7IP LAKELAND FL 33813 CITY-ST-7IP ☐ Addition ☐ Change Delete TITLE TITLE MULLINS, CHRISTINE M NAME STREET ADDRESS STREET ADDRESS **5811 HOLLY HOCK DRIVE** CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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