2000 UNIFORM BUSINESS REPORT (UBR)

May 08, 2000 8:00 am DOCUMENT # **P95000001353** Secretary of State INTERNATIONAL MARINE DIESEL SPECIALIST, INC. 05-08-2000 90009 029 ***150.00 Principal Place of Business Mailing Address 1714 W. LAS OLAS BLVD. 1714 W. LAS OLAS BLVD. FT. LAUDERDALE FL 33312-7517 FT. LAUDERDALE FL 33312 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0551278 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nāme ANDERSDOTTER-EKBERG, ANNA Street Address (P.O. Box Number is Not Acceptable) 1714 W. LAS OLAS BLVD. FT. LAUDERDALE FL 33312 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Change ☐ Delete TITLE EKBERG, ULF NAME NAME STREET ADDRESS 1714 W. LAS OLAS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 Change ☐ Addition TITLE TITLE Delete A-EKBERG, ANNA NAME NAME STREET ADDRESS STREET ADDRESS 1714 W. LAS OLAS BLVD. CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 33312 ___Change ☐ Addition Delete TITLE TITLE EKBERG, LINDA ÑAME NAME STREET ADDRESS STREET ADDRESS 1714 W. LAS OLAS BLVD. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ Change Addition □ Delete TITLE TITLE NAME EKBERG, ALEXIS NAME STREET ADDRESS STREET ADDRESS 1714 W LAS OLAS BLVD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

FILED

SIGNATURE: JUNE AND THE NAME OF SIGNING OFFICER OR DIRECTOR UPST 4/25-2000 954-764-280