

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026000

1. Entity Name

DIETEL'S PEANUTS INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90188 023 ***150.00

Principal Place of Business

Mailing Address

320 SO. BRIGHTON DRIVE
PORT ORANGE FL 32127

320 SO. BRIGHTON DRIVE
PORT ORANGE FL 32124-6977

2. Principal Place of Business

6091 Red Stag Drive

Suite, Apt. #, etc.

3. Mailing Address

6091 Red Stag Drive

Suite, Apt. #, etc.

City & State

Port Orange FL

City & State

Port Orange FL

4. FEI Number

59-3307685

Applied For

Not Applicable

Zip
32124

Country
Vol

Zip
32124

Country
Vol

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

Name

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

6091 Red Stag Drive

City

Port Orange

FL

Zip Code

32124

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)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVS
MICHAEL DIETEL
320 S BRIGHTON DR
PT ORANGE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LINDA DIETEL
320 S BRIGHTON DR
PT ORANGE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Delete

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6091 Red Stag Drive
Port Orange FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6091 Red Stag Drive
Port Orange FL

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00

Date

904-756-4384

Daytime Phone #

CR2E034 (9/99)