2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700052082 DIVERSIFIED ENGINE REPAIR, INC. Principal Place of Business Mailing Address 3452 METRO PARKWAY 3452 METRO PARKWAY FT MYERS FL 33916-7545 FT MYERS FL 33916 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Zip Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

JOHNSON, DOULAS E

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

(See criteria on back)

17600 WILLIAMSBURG DR NO FT MYERS FL 33917

9. This corporation is eligible to satisfy its Intangible

JOHNSON, DOUGLAS E

NO FT MYERS FL 33917

GREGORY, GERRY G

P.O. BOX 60581 N/A

FT MYERS FL 33906

TRUITT, RALPH E

20095 KEOLA LANE

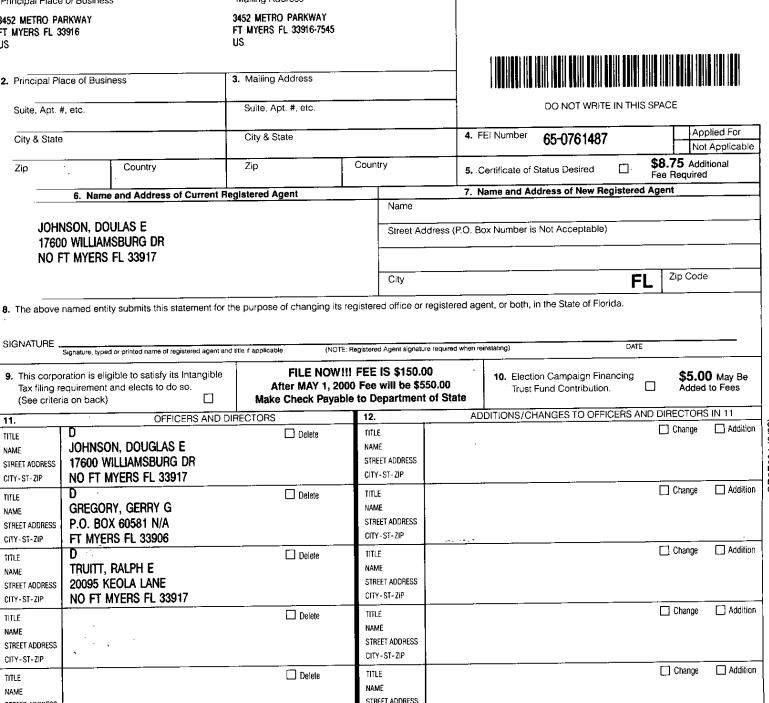
NO FT MYERS FL 33917

17600 WILLIAMSBURG DR

Tax filing requirement and elects to do so.

FILED Feb 01, 2000 8:00 am Secretary of State

02-01-2000 90109 013 ***150.00



CITY-ST-ZIP 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.

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

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TITLE NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE: A

AME OF SIGNING OFFICER OR DIRECTOR ND TYPED OR PRINTE

Jan 17, 2000 941-337-2295

☐ Change

☐ Addition