

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90189 041 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000017312

1. Entity Name

Rickey S Reel Diehl of New Port Richey Inc

Principal Place of Business

Mailing Address

2221 STOCKMAN RD
 New Port Richey Fl 34655

2221 STOCKMAN RD
 New Port Richey
 Fl 34655

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-34 94323

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Ad SHARP GREGORY M
 2221 STOCKMAN ROAD
 NEW PORT RICHEY FL 34655

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

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	PO	<input type="checkbox"/> Delete
NAME	SHARP GREGORY M	
STREET ADDRESS	2221 STOCKMAN RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIEHL RICKEY ALLEN	
STREET ADDRESS	2221 STOCKMAN RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARPENTER JEFF	
STREET ADDRESS	2221 STOCKMAN RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ENGEL RONALD	
STREET ADDRESS	2221 STOCKMAN RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSE PHILLIP	
STREET ADDRESS	2221 STOCKMAN RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRAY ANNE	
STREET ADDRESS	2221 STOCKMAN RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

TITLE	VA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINE BACKER RICKEY	
STREET ADDRESS	17201 HARMONY DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Gregory M Sharp Gregory M SHARP 04-28-00 813 839-0693

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)