

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017312

1. Entity Name

RICKEY'S REEL DIEHL OF NEW PORT RICHEY, INC.

Principal Place of Business

2221 STOCKMAN ROAD
NEW PORT RICHEY FL 34655

Mailing Address

2221 STOCKMAN ROAD
NEW PORT RICHEY FL 34655

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3494323

Applied For

Not Applicable

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

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, 2001 - 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 PD
NAME SHARP, GREGORY M
STREET ADDRESS 2221 STOCKMAN ROAD
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Delete

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

TITLE VD
NAME DIEHL, RICKEY ALLEN
STREET ADDRESS 2221 STOCKMAN ROAD
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☒ Delete

TITLE
NAME RICK LINDBACKER
STREET ADDRESS 2221 STOCKMAN RD.
CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ☐ Change ☒ Addition

TITLE VD
NAME CARPENTER, JEFF
STREET ADDRESS 2221 STOCKMAN ROAD
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☒ Delete

TITLE
NAME TOM REGLER
STREET ADDRESS 2221 STOCKMAN RD
CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ☐ Change ☒ Addition

TITLE VD
NAME ENGEL, RONALD
STREET ADDRESS 2221 STOCKMAN ROAD
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Delete

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

TITLE SD
NAME ROSE, PHILLIP
STREET ADDRESS 2221 STOCKMAN ROAD
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☒ Delete

TITLE
NAME RYAN HAWKINS
STREET ADDRESS 2221 STOCKMAN RD
CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ☐ Change ☒ Addition

TITLE TD
NAME GRAY, ANNE
STREET ADDRESS 2221 STOCKMAN ROAD
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Delete

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

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90085 019 ***150.00

703482



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

4/27/01

813-839-0693