

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90195 047 ***150.00

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 AV

DOCUMENT # P98000017792

1. Entity Name

MICHAEL'S DIESEL SERVICE, INC.

Principal Place of Business

**5079 WEST BEAVER STREET
 JACKSONVILLE FL 32254**

Mailing Address

**5079 WEST BEAVER STREET
 JACKSONVILLE FL 32254**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5079 W. Beaver St.

3. Mailing Address

5079 W. Beaver St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3496962

☒ Applied For

☐ Not Applicable

Zip

32254

Country

Duval

Zip

32254

Country

Duval

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

COLAIZY, MOLLY L

11019 DUVAL RD

JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Molly L Colaizy

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

11019 Duval Road

City

Jacksonville

FL

Zip Code

32218

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

Molly L Colaizy

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

(NOT Registered Agent signature required when reinstating)

1/23/02

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, 2002 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

TITLE **VPS** ☐ Delete
 NAME **WEBBER, MICHAEL E**
 STREET ADDRESS **5079 WEST BEAVER STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32254**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 information empowered.

SIGNATURE:

Michael E Webber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E Webber

Date

Daytime Phone #

1/24/02 904-378-0444

CR2E034 (9/01)