

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019302

1. Entity Name

DEPPEN'S MARINE DIESEL SERVICE, INC.

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90507 009 \*\*\*150.00

Principal Place of Business

1602 N SECOND ST  
BLDG B  
FT. PIERCE FL 34950

Mailing Address

1602 N SECOND ST  
BLDG B  
FT. PIERCE FL 34950

2. Principal Place of Business

3. Mailing Address

801 S. OCEAN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

410

City & State

City & State

FORT PIERCE, FL

Zip

Country

Zip

34949

Country

USA

4. FEI Number

65-0898808

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEPPEN, DONALD W  
1602 N SECOND ST  
BLDG B  
FT. PIERCE FL 34950

7. Name and Address of New Registered Agent

Name

Richard F. Deppen

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

801 S. OCEAN DR.

SUITE # 410

City

FORT PIERCE,

FL

Zip Code

34949

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

*Richard F. Deppen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-24-01

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	P	DEPPEN, DONALD W	5213 HICKORY DR FORT PIERCE FL 34982	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	Richard F. Deppen	801 S. OCEAN DR., UNIT # 410 FORT PIERCE, FL 34949		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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:

*Richard F. Deppen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-01 (561) 460-7915

Date

Daytime Phone #

CR2E034 (10/00)