

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022762

1. Entity Name

DIESEL DOCTOR, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90087 026 ***150.00

Principal Place of Business

Mailing Address

1424 NE 23RD ST.
 FT. LAUDERDALE FL 33305

1424 NE 23RD ST.
 FT. LAUDERDALE FL 33305-2323

2. Principal Place of Business

3. Mailing Address

1424 NE 23rd ST

1424 NE 23rd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT Lauderdale FL

City & State

FT Land FL

4. FEI Number

US - 0906022

Applied For

Not Applicable

Zip Country
 33305 U.S.A.

Zip Country
 33305 U.S.A.

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

OUELLETTE, SHERRY L
 1424 NE 23RD ST.
 FT. LAUDERDALE FL 33305

Name Sherry L. Ouellette

Street Address (P.O. Box Number is Not Acceptable)
 1424 NE 23rd ST

City FT Land

FL

Zip Code 33305

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 PRES.
 NAME SHERRY L. OUELLETTE
 STREET ADDRESS 1424 NE 23 ST.
 CITY-ST-ZIP FT. LAUDERDALE FL. 33305

TITLE
 NAME
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TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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

2/2/00

Date

954 524-6453

Daytime Phone #

CR2E034 (9/99)