2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064122

1. Entity Name

FLORIDA HIGH PERFORMANCE DIESEL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 24 AM 10:48

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2211 S.W. 31 ST FT. LAUDERDALE FL 33312	10008 NW 6 ST PEMBROKE PINES FL 33024

2. Principal Place of Business	3. Mailing Address
2211 SW 31 ST	10008 NW 6 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale FL	City & State: Pembroke Pines
Zip: 33312 Country: USA	Zip: 33024 Country: USA

4. FEI Number 65-0936578 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNBAR, DONOVAN
10008 NW 6 ST
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P DUNBAR, DONOVAN 10008 NW 6 ST PEMBROKE PINES FL 33024 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition E00004086226--4 -04/30/01--01002--029 ****165.00 ****165.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AP 4/24 ☐ 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: ____________________ 01/04/01 954 584 7245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E031 (10/00)