


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90153 014 \*\*\*150.00

**DOCUMENT #** K81157

**1. Entity Name**  
DIVERS RESOURCES, INC.



**Principal Place of Business**  
1334 SE 17TH STREET  
FORT LAUDERDALE FL 33316

**Mailing Address**  
C/O FLYNN ENTERPRISES  
676 N. MICHIGAN AVE. #4000  
CHICAGO IL 60611

40012837



**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

**4. FEI Number** 65-0121752  
Applied For  
 Not Applicable

**5. Certificate of Status Desired**  \$8.75 Additional Fee Required

**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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

**9. Election Campaign Financing**  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	FLYNN, DONALD	
STREET ADDRESS	2898 DATE PALM RD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLYNN, BEVERLY	
STREET ADDRESS	2898 DATE PALM RD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLYNN, KEVIN	
STREET ADDRESS	676 N. MICHIGAN AVE- STE 4000	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLYNN, BRIAN	
STREET ADDRESS	676 N. MICHIGAN AVE- STE 4000	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPERANDEO, YVONNE	
STREET ADDRESS	202 N. JACKSON	
CITY-ST-ZIP	CLARENDON HILLS IL 60514	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SKIBICKI, KEITH	
STREET ADDRESS	511 N. GRANT	
CITY-ST-ZIP	HINSDALE IL 60521	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flynn, Donald	
STREET ADDRESS	927 Hillsboro Mile	
CITY-ST-ZIP	Hillsboro Beach, FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flynn, Beverly	
STREET ADDRESS	927 Hillsboro Mile	
CITY-ST-ZIP	Hillsboro Beach, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12.** 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Quiana D. Conforti* 1-15-03 312-280-3700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DATE

CR2E034 (10/02)