## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P02000069408

1. Entity Name

VARSITY BUILDERS CORP.



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90140 049 \*\*\*150.00

Principal Place of Business 11633 BALM RIVERVIEW RD RIVERVIEW FL 33569			11633	Mailing Address 11633 BALM RIVERVIEW RD RIVERVIEW FL 33569								
2. Principal P	lace of Busir	ness	3. Mail	3. Mailing Address					i 8811 8811 81	118 18111 B1811 B	1818) (B) (B)	
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			<b>4.</b> F	4. FEI Number 76-0701/27 Applied For Not Applicable				
Zip Country			Zip		у	5. (	Certificate of Status Desired		8.75 Add ee Require			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
DIVERSITY BUILDERS CORP						Name Street Address	0/BO B	ox Number is Not Acceptable	`	<del></del>		
11633 BALM RIVERVIEW RD				Street Address			s (г.Ф. Б	lox Number is Not Acceptable	,			
RIVERVIEW FL 33569									U.18 77			
8. The above named entity submits this statement for the purpose of ch						City			FL Zip Code			
8. The above the obligat	named entitions of regis	y submits this statemen tered agent:	t for the purp	ose of changing its	s registered	d office or regist	tered ag	ent, or both, in the State of Fid	riga. Tam fa	ımıllar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if app	licable. (NQT	E: Registered	Agent signature requi	ired when re	sinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Fir     Trust Fund Contribution			May Be	
							4.0	    DITIONS/CHANGES TO OFF	ICEDS AND	DIRECTOR	C INI 11	
10.		QFHCERS AF	AD DIRECTO		11.		AL	DITIONS/CHANGES TO OFF	ICERS AND			
NAME STREET ADDRESS CITY-ST-ZIP		JOHN LM RIVERVIEW RD V FL 33569		Delete	TITLE NAME STREET CITY-S	ADDRESS				☐ Change	☐ Addition	
TITLE	MACHAICA	116 30009		☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP						ADDRESS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	70 - y 100 - 100 <u> </u>			□ Delete	TITLE NAME STREET	T ADDRESS ST-ZIP	• •	, , , , , , , , , , , , , , , , , , , ,	ma are .	☐ Change	Addition 7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	TADDRESS				☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	-41		<u> </u>	☐ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP				☐ Change	Addition	

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:** 

