

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058669

1. Entity Name
DIVERSIFIED CONCEPTS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90187 009 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3114 CORRINE DR., STE. B-1 ORLANDO FL 32803
 Mailing Address: 3114 CORRINE DR., STE. B-1 ORLANDO FL 32803-2238

2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country
 3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country

4. FEI Number: **59-3456049**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STONE, REBECCA A
5510 TRENTO ST.
ORLANDO FL 32807

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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

TITLE	P	<input type="checkbox"/> Delete
NAME	STONE, REBECCA A	
STREET ADDRESS	5510 TRENTO ST.	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	V	<input type="checkbox"/> Delete
NAME	D'ANDREA, CYNTHIA D	
STREET ADDRESS	7807 SAPPHIRE LANE	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	S	<input type="checkbox"/> Delete
NAME	STONE, CHARLES D JR	
STREET ADDRESS	1334 HENDREN DR.	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	T	<input type="checkbox"/> Delete
NAME	STONE, CLAYTON T	
STREET ADDRESS	5510 TRENTO ST.	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	CVP	<input checked="" type="checkbox"/> Delete
NAME	STONE, CLAYTON T SR.	
STREET ADDRESS	5510 TRENTO ST.	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	Stone, CHARLES D., SR.	<input type="checkbox"/> Delete
NAME	5510 Trento St.	
STREET ADDRESS	ORLANDO, FL. 32807	
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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: Rebecca A. Stone Rebecca A. Stone President 2-21-00 407-898-6404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)