

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055295

1. Entity Name
DIVCO, COMPANY

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90368 003 ***150.00

Principal Place of Business

2955 HARTLEY RD
#102
JACKSONVILLE FL 32257

Mailing Address

2955 HARTLEY RD
#102
JACKSONVILLE FL 32257

2. Principal Place of Business

P.O. Box 56855

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 56855

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE FL.

4. FEI Number

59-3333093

Applied For

Not Applicable

Zip

32241

Country

Zip

32241

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELAHANTY, THOMAS J
2955 HARTLEY RD
#102
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 56855

City

JACKSONVILLE

FL

Zip Code

32241

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

TITLE **P** ☐ Delete
NAME **DELAHANTY, THOMAS J**
STREET ADDRESS **2955 HARTLEY RD #102**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 56855**
CITY-ST-ZIP **JACKSONVILLE, FL. 32241**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01
Date

904/716-9300
Daytime Phone #

CR2E034 (10/00)