

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90002 050 ***150.00

DOCUMENT # P00000059500
1. Entity Name
DILIGENT ENVIRONMENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
C/O HAROLD S. BOFSHEVER	C/O HAROLD S. BOFSHEVER
4875 NORTH FEDERAL HIGHWAY SEVENTH FLOOR	4875 NORTH FEDERAL HIGHWAY SEVENTH FLOOR
PORT LAUDERDALE FL 33309	PORT LAUDERDALE FL 33309

2. Principal Place of Business 170 N.W. Spanish River Blvd Suite, Apt. #, etc. 20	3. Mailing Address P.O. Box 812214 Suite, Apt. #, etc.
--	--

City & State Boca Raton, FL	City & State Boca Raton, FL
--------------------------------	--------------------------------

Zip 33431.	Country Palm Beach.	Zip 33481	Country Palm Beach
---------------	------------------------	--------------	-----------------------

6. Name and Address of Current Registered Agent		Name
BOFSHEVER, HAROLD S-ESQ.		HU
4875 NORTH FEDERAL HIGHWAY		Street Address
SEVENTH FLOOR		170
FORT LAUDERDALE FL 33308		City
		Boca


4. FEI Number 65-1017550	Applied For
	Not Applicable

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

7. Name and Address of New Registered Agent

D. Montague
(P.O. Box Number is Not Acceptable)
111 Spanish River Blvd Ste 20
Raton FL 33431.

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  2/11/02

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

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
--	--	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MONTAGUE, HU 1050 S.W. 15TH AVENUE BOCA RATON FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition X President Hu D. Montague P.O. Box 812274 Boca Raton FL 33481-2214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **2-11-02** **561-756-1389**

Date Daytime Phone #