2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 247035

Entity Name: DIVOSTA AND COMPANY, INC.

FILED Feb 25, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
4500 PGA BLVD #400 PALM BEACH GARDENS, FL 33418				4500 PGA BLVD STE. 400 PALM BEACH GARDENS, FL 33418				
Current Mailing Address:				New Mailing Address:				
33 BLOOMFIELD HILLS PKWY #200 BLOOMFIELD HILLS, MI 48304 US				100 BLOOMFIELD HILLS PKWY STE. 300 BLOOMFIELD HILLS, MI 48304 US				
FEI Number:	: 59-0920753	FEI Number Applied Fo	r() FEI Nur	mber Not Appli	icable()	Certifica	te of Status De	esired ()
Name and	Address of C	urrent Registered Ag	jent:	Name and	Address of	New Reg	istered Age	nt:
C/O CT CC 1200 SOU PLANTATI	ORATION SYS ORPORATION TH PINE ISLAN ON, FL 33324 named entity s	SYSTEM ND RD.	for the purpose c	of changing it	ts registered (office or re	egistered age	ent, or both,
	e of Florida.			0 0	J			, ,
SIGNATUR								
	Electron	ic Signature of Registe	ered Agent				Date	
	mpaign Financing S AND DIREC	Trust Fund Contribution	().	ADDITION	S/CHANGES	TO OFF	ICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	O'BRIEN, MARK 33 BLOOMFIEL	Delete (J D HILLS PKWY #200 HILLS, MI 48304 US		Title: Name: Address: City-St-Zip:	D () O'BRIEN, MAR 100 BLOOMFI BLOOMFIELD	ELD HILLS	PKWY #300	
Title: Name: Address: City-St-Zip:	ROBINSON, BR 33 BLOOMFIEL	Delete UCE E D HILLS PKWY, STE 200 IILLS, MI 483042946		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	STOLLER, JOH 33 BLOOMFIEL	Delete N R D HILLS PKWY #200 HILLS, MI 48304 US		Title: Name: Address: City-St-Zip:	VS () STOLLER, JO 100 BLOOMFI BLOOMFIELD	ELD HILLS	PKWY #300	
Title: Name: Address: City-St-Zip:	ZUKOFF, COLE 33 BLOOMFIEL	Delete ITTE R D HILLS PKWY #200 IILLS, MI 483042946		Title: Name: Address: City-St-Zip:	AS () GAWTHROP, 100 BLOOMFI BLOOMFIELD	ELD HILLS	PKWY #300	
Title: Name: Address: City-St-Zip:	HATHAWAY, CH 4500 PGA BLVI			Title: Name: Address: City-St-Zip:	P () SMITH, HARM 4500 PGA BO PALM BEACH	ULEVARD#	400	
Title: Name:	CREGG, ROGE	Delete R A		Title: Name:	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: NANCY H. GAWTHROP AS 02/25/2003

City-St-Zip: BLOOMFIELD HILLS, MI 48304 US