

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90157 038 ***150.00

DOCUMENT # 565095

1. Entity Name

DIVERSIFIED STEAM SERVICES OF AMERICA, INC.

Principal Place of Business

**1180 NW 90 TERR
PEMBROKE PINES FL 33024
US**

Mailing Address

**1180 NW 90 TERR
PEMBROKE PINES FL 33024
US**

2. Principal Place of Business

1180 NW 90 TERR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

4. FEI Number

59-1796260

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

KEHL, GEORGE L.**1180 NW 90 TERR****PEMBROKE PINES FL 33024**

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KEHL, GEORGE L.
1180 NW 90 TERR
MIAMI FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KEHL, GEORGE J
5208 AVE MEDOC
LUTZ FL 33549** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ROBINSON, GEORGINA G
13320 FIELD CREEK LANE
RENO NV 89511** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KEHL, JEAN M.
1180 NW 90 TERR
PEMBROKE PINES, FL 33024** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)