

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 597235**

1. Entity Name

DIVERSIFIED VENTURES, INC.

Principal Place of Business

**3500 S.W. 14TH ST.
DEERFIELD BEACH FL 33442**

Mailing Address

**3500 S.W. 14TH ST.
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1583102**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PERRY, GERARD
3500 S.W. 14TH ST.
DEERFIELD BEACH FL 33064**

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, 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	<input type="checkbox"/> Delete
NAME	KENNEDY, ROBERT	
STREET ADDRESS	4411 NE 31ST AVENUE	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	WOONTON, ROGER	
STREET ADDRESS	1100 SW 19TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	PERRY, GERARD	
STREET ADDRESS	3500 SW 14TH ST.	
CITY-ST-ZIP	DEERFIELD BCH. FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	BRYANT, JIM	
STREET ADDRESS	968 HYACINTH DR	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		

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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: *Gerard Perry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90008 001 ***150.00



DO NOT WRITE IN THIS SPACE

0312105

CR2E034 (10/00)