

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # 619963**1. Entity Name
DIVERSIFIED TRANSPORT, INC.**Principal Place of Business**124 PALM CIRCLE
PO BOX 595
FLAGLER BCH
32136

FL

Mailing Address124 PALM CIRCLE
PO BOX 595
FLAGLER BCH
32136

FL

2. Principal Place of Business

80 ETHAN ALLEN DR

3. Mailing Address

80 ETHAN ALLEN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM COAST

FL

City & State

PALM COAST

FL

4. FEI Number**59-1921212****Applied For**☐ Not ApplicableZip
32164

Country

Zip
32164

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**PILKINGTON, ALFRED D.
124 PALM CIRCLE
PO BOX 595
FLAGLER BCH
32136

FL

7. Name and Address of New Registered Agent**Name**

PILKINGTON, DEBORAH L

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

80 ETHAN ALLEN DR

City

PALM COAST

FL

Zip Code
32164

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 **DEBORAH L PILKINGTON****03/22/2001**

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	ST	<input checked="" type="checkbox"/> Delete
NAME	PILKINGTON, NATALIE N.	
STREET ADDRESS	124 PALM CIRCLE	
CITY-ST-ZIP	FLAGLER BCH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PILKINGTON, ALFRED D.	
STREET ADDRESS	124 PALM CIRCLE	
CITY-ST-ZIP	FLAGLER BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILKINGTON, DEBORAH L	
STREET ADDRESS	80 ETHAN ALLEN DR	
CITY-ST-ZIP	PALM COAST FL 32164	
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		
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		

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: DEBORAH L PILKINGTON

P

03/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)