

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90160 014 \*\*\*150.00

**DOCUMENT # 622543**

1. Entity Name  
**AMERICAN DIVERSIFIED INSURANCE SERVICES, INC.**

Principal Place of Business 600 BYPASS DR #205 CLEARWATER FL 33764 US	Mailing Address 600 BYPASS DR #205 CLEARWATER FL 33764 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1923274</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MALONEY, JOHN L E</b> 5335 66TH STREET NORTH SUITE 4 ST. PETERSBURG FL 33709				Name <b>MALONEY, JOHN L</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>3862 Central Avenue</b>			
				City <b>St. Petersburg</b>		<b>FL</b>	

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 *John L Maloney* *3/2/01*  
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HASKELL, RAY R.</b> <b>6727 TWELVE OAKS BLVD</b> <b>TAMPA FL</b>	<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	<b>VPSD</b> <b>HASKELL, SUSIE</b> <b>6727 TWELVE OAKS BLVD</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Susie T Haskell* **Susie T. Haskell, Vice President 1/31/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (727) 726-6700 Phone #

CR2E034 (10/00)