2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F32210

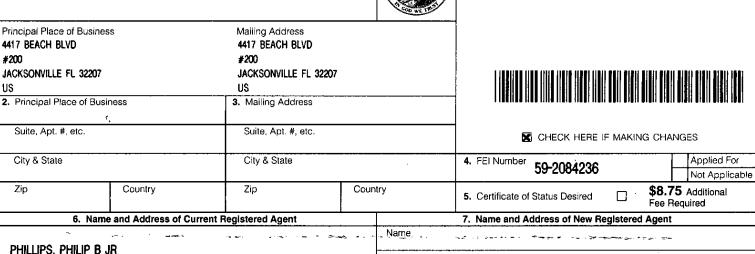
1. Entity Name

DIVERSIFIED HOLDINGS, INC.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90024 030 ***150.00



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. I am familiar with, and accept the obligations of registered agent.

City

SIGNATURE .

3728 PHILLIPS HWY 39 JACKSONVILLE FL 32207

> FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE TITLE ☐ Delete Change PHILLIPS, PHILIP B JR NAME NAME 3728 PHILLIPS HWY 39 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME RICKS, ALEX J. NAME STREET ADDRESS 255 N. LIBERTY ST. STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE Addition VON DONNERSMARCK, CARL NAME NAME **TALSTRASSE 66** STREET ADDRESS STREET ADDRESS CH 8001 ZURICH SW CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE X Change ☐ Addition VON DONNERSMARCK, WINFRIED NAME NAME TALSTRASSEE 66 STREET ADDRESS STREET ADDRESS CH 8001 SURICH SW CITY-ST-ZIP CITY-ST-ZIP CH 8001 ZURICH SWITZERLAND ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 supplied with this filling 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 supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on the indi

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1/10/03 (904)396-9960

Daytime Phone #

CR2E034 (10/02)