

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91193 044 \*\*\*150.00

**DOCUMENT # F86185**

1. Entity Name

**DIVERSIFIED BEVERAGE SYSTEMS INCORPORATED**

Principal Place of Business

**90 SW 91ST AVENUE  
 APT. 105  
 PLANTATION FL 33324-2559  
 US**

Mailing Address

**P.O. BOX 15586  
 PLANTATION FL 33318-5586  
 US**



2. Principal Place of Business

**11460 NW 56th Drive**

Suite, Apt. #, etc.

**#115**

City & State

**Coral Springs FL**

Zip

**33076-3128 USA**

Country

3. Mailing Address

**11460 NW 56th Drive**

Suite, Apt. #, etc.

**#115**

City & State

**Coral Springs FL**

Zip

**33076-3128 USA**

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2197899**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALLSHOUSE, SUSAN E.  
 90 SW 91ST AVENUE  
 APT. 105  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

**11460 NW 56th Drive**

**#115**

City

**Coral Springs**

FL

Zip Code

**33076-3128**

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 State**

10. Election Campaign Financing

**\$5.00 May Be**

Trust Fund Contribution: ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete  
 NAME **ALLSHOUSE, SUSAN E.**  
 STREET ADDRESS **90 SW 91ST AVENUE-APT 105**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **11460 NW 56th Drive #115**  
 CITY-ST-ZIP **Coral Springs FL 33076-3128**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ 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: Susan E. Allshouse President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-02**

Date

**954-227-4567**

Daytime Phone #

CR2E034 (9/01)