

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000000774**

1. Entity Name

**DIVERSIFIED REAL ESTATE SERVICES OF TEXAS, INC.****FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90238 034 \*\*\*150.00

Principal Place of Business

Mailing Address

**4545 POST OAK PLACE DR. SUITE 144  
HOUSTON TX 77027****4545 POST OAK PLACE DR. SUITE 144  
HOUSTON TX 77027-3105**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**74-1598772**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****EMO CORPORATE SERVICES, INC.  
100 NE THIRD AVE, SUITE 100  
FT LAUDERDALE FL 33301**

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, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CP	MULLINS, DON R	4545 POST OAK PLACE DR, SUITE 144	HOUSTON TX 77027	<input type="checkbox"/>
VCS	MULLINS, GWEN G	4545 POST OAK PLACE DR, SUITE 144	HOUSTON TX 77027	<input type="checkbox"/>
TVD	VANDIVER, C. LOREN	4545 POST OAK PLACE DR, SUITE 144	HOUSTON TX 77027	<input type="checkbox"/>
VD	RAINER, RICHARD N	4545 POST OAK PLACE DR, SUITE 144	HOUSTON TX 77027	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)