

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006491

1. Entity Name  
DIVERSIFIED TECHNOLOGIES & SYSTEMS, INC.

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90147 036 \*\*\*150.00

Principal Place of Business  
P.O. BOX 770670  
CORAL SPRINGS FL 33077

Mailing Address  
P.O. BOX 770670  
CORAL SPRINGS FL 33077



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
~~8801~~ W. Atlantic Blvd.  
Suite, Apt. #, etc.  
770670

3. Mailing Address  
PO Box 770670  
Suite, Apt. #, etc.

City & State  
Coral Springs, FL  
Zip  
33077  
Country  
USA

City & State  
Coral Springs, Florida  
Zip  
33077  
Country  
USA

4. FEI Number 84-1468709

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

STUFANO, THOMAS  
8801 W. ATLANTIC AVE, #770670  
CORAL SPRINGS FL 33077

## 7. Name and Address of New Registered Agent

Name Thomas Stufano  
Street Address (P.O. Box Number is Not Acceptable)  
8801 W ATLANTIC AVE. #770670  
City Coral Springs FL Zip Code 33077

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 Thomas Stufano 07/06/00  
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 \$350.00 \*150.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	CP STUFANO, THOMAS J 8801 W. ATLANTIC AVE. #770670 CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Thomas Stufano

07/06/00 95444 4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Attachment  
DH#F99000006491  
DW6933

July 6, 2000

Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

2000 Uniform Business Report # F99000006491

Dear Sir or Madame,

I have been instructed to compose this letter for the purpose of establishing a time waiver for this years submission of the Annual Report. Our Corporation is a valid Colorado Corporation doing business in the State of Florida as of 12/15/99. At the original date of filing we were advised that the corporation paperwork filed would be good for the year 2000. Additionally, this "second" renewal application is the first we have recieved for the year 2000.

I request that a waiver be granted for the filing of this application. Enclosed please find the \$150.00 renewal fee we have been instructed to include for the year 2000.

I thank you in advance, and if there is any additional information I may afford you, please do not hesitate and contact me.

Sincerely,



Thomas J. Stufano, President  
Diversified Technologies & Systems Inc.