

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90144 014 ***150.00

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DOCUMENT # F99000006491

1. Entity Name

DIVERSIFIED TECHNOLOGIES & SYSTEMS, INC.

Principal Place of Business

8805 W ATLANTIC BLVD

770670

CORAL SPRINGS FL 33077

US

Mailing Address

P.O. BOX 770670

CORAL SPRINGS FL 33077

2. Principal Place of Business

8801 W. ATLANTIC AVE

3. Mailing Address

Suite, Apt. #, etc.
770670

Suite, Apt. #, etc.

City & State

Coral Springs

City & State

Coral Springs

Zip

33077-0670

Country

US

Zip

33077-0670

Country

US

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

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, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
STUFANO, THOMAS J
8801 W. ATLANTIC AVE. #770670
CORAL SPRINGS FL 33071

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
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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:

STUFANO, THOMAS J
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02
Date

954 444 4000
Daytime Phone #

CR2E034 (9/01)