

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90220 033 ***150.00

DOCUMENT # F99000006491

1. Entity Name
DIVERSIFIED TECHNOLOGIES & SYSTEMS, INC.



Principal Place of Business

~~8801 W ATLANTIC BLVD~~
~~770670~~
~~CORAL SPRINGS FL 33077~~
~~US~~

Mailing Address

P.O. BOX 770670
CORAL SPRINGS FL 33077

11015956



2. Principal Place of Business

29959 Overseas Hwy.
Suite, Apt. #, etc.
430662

3. Mailing Address

P.O. Box 430662
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Big Pine Key, FL

City & State
Big Pine Key, FL

4. FEI Number **84-1468709**

Applied For
Not Applicable

Zip
33043

Country
USA

Zip
33043

Country
USA

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)
29959 Overseas Hwy
430662
City **Big Pine Key** **FL** Zip Code **33043**

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.

SIGNATURE **Thomas Stufano** **4-23-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☒ Change ☐ Addition
NAME **Thomas J. Stufano**
STREET ADDRESS **29959 Overseas Hwy #430662**
CITY-ST-ZIP **Big Pine Key, FL 33043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas Stufano** **4-23-03** **954-444-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)