

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G89792**

1. Entity Name

KEMPER DIVERSIFIED SERVICES, INC. (K D S)**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90383 002 ***158.75

Principal Place of Business

4312 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34428
US

Mailing Address

4312 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34428

2. Principal Place of Business

4310 N. Suncoast Blvd
Suite, Apt. #, etc.

3. Mailing Address

4310 N. Suncoast Blvd
Suite, Apt. #, etc.

City & State

Crystal River, FL

City & State

Crystal River, FL

4. FEI Number

59-2422080

Applied For

Not Applicable

Zip

34428

Country

USA

Zip

34428

Country

USA

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

KEMPER, FRANCES A.
4312 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34428

7. Name and Address of New Registered Agent

Name

Frances A. Kemper

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

4310 N. Suncoast Blvd

City

Crystal River

FL

Zip Code

34428

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

Frances A. Kemper**FRANCES A. Kemper**

DATE

4/23/019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PDS**
STREET ADDRESS **KEMPER, FRANCES A.**
CITY-ST-ZIP **4312 N. SUNCOAST BLVD.**
CRYSTAL RIVER FL 34428TITLE ☐ Delete
NAME **V**
STREET ADDRESS **KEMPER, FRANCES A**
CITY-ST-ZIP **4312 N SUNCOAST BLVD**
CRYSTAL RIVER FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Frances A. Kemper Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 (352) 564 8748

Date

Daytime Phone #

CR2E034 (10/00)