

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90044 031 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80114370

DOCUMENT # G89792 1. Entity Name KEMPER DIVERSIFIED SERVICES, INC. (K D S)																									
Principal Place of Business 4310 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34428 US		Mailing Address 4310 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34428 US																							
2. Principal Place of Business P.O. Box 850 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 850 Suite, Apt. #, etc.																							
City & State Crystal River, FL Zip 34423 Country USA		City & State Crystal River, FL Zip 34423 Country USA																							
4. FEI Number 58-2422080		Applied For ☐ Not Applicable																							
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required																							
6. Name and Address of Current Registered Agent KEMPER, FRANCES A. 4310 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) P.O. Box 5971 N Brookgreen Dr 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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE: <u>Frances A Kemper</u> DATE: <u>4-30-03</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when electing.)																									
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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> PDS KEMPER, FRANCES A. 4312 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34428 ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> V KEMPER, FRANCES A 4312 N SUNCOAST BLVD CRYSTAL RIVER, FL ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS KEMPER, FRANCES A. 4312 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEMPER, FRANCES A 4312 N SUNCOAST BLVD CRYSTAL RIVER, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> President PDS Frances A Kemper P.O. Box 850 Crystal River, FL 34423 ☒ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> V Pres Frances A Kemper P.O. Box 850 Crystal River, FL 34423 ☒ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President PDS Frances A Kemper P.O. Box 850 Crystal River, FL 34423 ☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pres Frances A Kemper P.O. Box 850 Crystal River, FL 34423 ☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <u>Frances A Kemper</u> DATE: <u>4/30/03</u> 3525648748 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																									

CR2E034 (10/02)