

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90075 004 \*\*\*150.00

**DOCUMENT # H81149**

1. Entity Name  
**DIVERSIFIED MECHANICAL SALES, INC.**

Principal Place of Business

**2349 RADEN DRIVE  
 LAND O' LAKES FL 34639  
 US**

Mailing Address

**2349 Raden Drive  
 Land O' Lakes, FL 34639**



2. Principal Place of Business

3. Mailing Address

**2349 Raden Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**Land O' Lakes, FL**

4. FEI Number

**59-2615383**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34639**

**Pasco**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STULL, R. JEFFREY  
 C/O STULL & DEE, P.A.  
 602 SOUTH BLVD.  
 TAMPA FL 33606**

Name

**Ron Trybus**

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

**4000 Pass, Shuler, Solomon PA  
 1505 N. Florida Ave**

City

**Tampa**

**FL**

Zip Code

**33602**

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

**Ron Trybus, Esquire**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-28-02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **DP**  
 STREET ADDRESS **CARRIER, CAROL D.**  
 CITY-ST-ZIP **4406 AVENUE CANNES**  
**LUTZ FL 33549**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

**Carol D. Carrier**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-28-02**

Date

Daytime Phone #

CR2E034 (9/01)