

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90024 018 ***158.75

B0026833

DO NOT WRITE IN THIS SPACE

DOCUMENT # **K05330**
 1. Entity Name
B & S Diversified, Inc.

Principal Place of Business Mailing Address
1820 N. Goldenrod Rd
Orlando FL 32807

2. Principal Place of Business 3. Mailing Address
1820 N. Goldenrod Rd **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 106
 City & State City & State
ORLANDO, FL
 Zip Country Zip Country
32807 ORANGE

4. FEI Number **59-2860339** Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Rose M. Maybin
4053 Misty Morning Place
Casselberry, FL 32707

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 _____ (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, 2000 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	President <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSE M. MAYBIN		NAME		
STREET ADDRESS	4053 Misty Morning Pl.		STREET ADDRESS		
CITY-ST-ZIP	Casselberry FL 32707		CITY-ST-ZIP		
TITLE	SECTY/TREASURER <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Tanya L. Sims		NAME		
STREET ADDRESS	1465 Pelican Bay Trail		STREET ADDRESS		
CITY-ST-ZIP	Winter Park FL 32792		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 by each 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: **Rose M. Maybin** **ROSE M. MAYBIN** **FEB 16 2000** **(407) 382-7700**

CR2E034 (9/99)