

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90170 008 ***150.00

DOCUMENT # K26361

1. Entity Name
DIVERSIFIED DATA MANAGEMENT, INC.



Principal Place of Business
1353 N. COURTNEY PRKW
SUITE L-M-N
MERRITT ISLAND FL 32953
US

Mailing Address
C/O DAVID L SMITH
P O BOX 540247
MERRITT ISLAND FL 32954-247
US

2. Principal Place of Business

3. Mailing Address
1353 N COURTNEY PRKW

Suite, Apt. #, etc.
SUITE L

Suite, Apt. #, etc.
SUITE L

City & State

City & State
MERRITT ISLAND FL

4. FEI Number
59-2895800

Applied For
Not Applicable

Zip
Country

Zip
Country
32953 US

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

SMITH, DAVID L.
445 SABAL AVENUE
MERRITT ISLAND, FL 32953

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/9/2003**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	SMITH, DAVID L.	
STREET ADDRESS	445 SABAL AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRATT, JOHN A	
STREET ADDRESS	345 KENZEL CT	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/9/2003** **(321) 452 7415**
Daytime Phone #

CR2E034 (10/02)