

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90045 004 ****50.00

0016496

DOCUMENT # L00000010390

1. Entity Name

DIVERSIFIED IMPORTS LLC



Principal Place of Business

129 E. DAVIS BLVD
APT # B
TAMPA FL 33606

Mailing Address

129 E. DAVIS BLVD
APT # B
TAMPA FL 33606

2. Principal Place of Business

514 E. Columbia Dr.

Suite, Apt. #, etc.

TAMPA, FL

City & State

33606

Zip

Country

3. Mailing Address

514 E. Columbia Dr.

Suite, Apt. #, etc.

Tampa, FL

City & State

33606

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3679975**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANK DIETZE
129 E. DAVIS BLVD., APT. B
TAMPA FL 33606

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **DIETZE, FRANK**
STREET ADDRESS **129 E. DAVIS BLVD., APT. B**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **MGRM** ☐ Delete
NAME **DIETZE, MICHAEL**
STREET ADDRESS **129 E. DAVIS BLVD., APT. B**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **Dietze, Frank**
STREET ADDRESS **514 E. Columbia Dr.**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE ☒ Change ☐ Addition
NAME **Dietze, Michael**
STREET ADDRESS **4520 S. Hesperides St.**
CITY-ST-ZIP **Tampa, FL 33611**

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED Michael Dietze 7/25/03 (813) 546-9266

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)