

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022230

1. Entity Name

DIVERSIFIED ASSOCIATES, LLC



FILED

2003 APR 17 PM 3:56

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
2111 NORTH GOLFVIEW DRIVE
PLANT CITY FL 33567
US

Mailing Address
2111 N. GOLFVIEW DRIVE
PLANT CITY FL 33567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 03-0373923

Applied For

Not Applicable

Zip 33566 Country

Zip 33566 Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLASSHEY, JENNIFER E
2111 NORTH GOLFVIEW DRIVE
PLANT CITY FL 33567

Name Closshey, Jennifer E.

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

City

FL

Zip Code

33566

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 May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME CLOSSHEY, JENNIFER E
STREET ADDRESS 2111 NORTH GOLFVIEW DRIVE
CITY-ST-ZIP PLANT CITY FL 33567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 33566 ☒ Change ☐ Addition

TITLE MGRM
NAME CLOSSHEY, CHARLES P
STREET ADDRESS 2111 NORTH GOLFVIEW DRIVE
CITY-ST-ZIP PLANT CITY FL 33567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 33566 ☒ Change ☐ Addition

TITLE MGRM
NAME CLOSSHEY, CHARLENE N
STREET ADDRESS 2111 NORTH GOLFVIEW DRIVE
CITY-ST-ZIP PLANT CITY FL 33567 ☐ Delete

TITLE
NAME Closshey, Charlene N.
STREET ADDRESS
CITY-ST-ZIP 33566 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 90001621589 ☒ Change ☐ Addition
04/17/03--01042--023 **200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

SIGNATURE REQUIRED 4-11-03

813-359-5100

CR2E083 (10/02)