

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L13517**

1. Entity Name

DIVERSIFIED VIII, INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90008 047 ***150.00

Principal Place of Business
**638 N. FERDON BLVD.
STE. #1
CRESTVIEW FL 32536
US**

Mailing Address
**638 N. FERDON BLVD.
STE. #1
CRESTVIEW FL 32536
US**

A0006654

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2994884		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RICE, DALE E. 215 HWY 90 E. CRESTVIEW FL 32536		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 _____

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

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUGHERTY, JAMES B.	NAME	
STREET ADDRESS	RT 1, BOX 9A2	STREET ADDRESS	
CITY-ST-ZIP	MCINTOSH AL 36553	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, JOHN R.	NAME	
STREET ADDRESS	P.O. BOX 1126 N/A	STREET ADDRESS	
CITY-ST-ZIP	ORANGE BEACH AL 36561	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, FOY	NAME	
STREET ADDRESS	P.O. BOX 636 N/A	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, FRANK	NAME	
STREET ADDRESS	638 FERDON BLVD., SUITE #1	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEFFIELD, DALTON	NAME	
STREET ADDRESS	P.O. BOX 205 N/A	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	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; 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:*Frank W. Carr* **FRANK W. CARR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

850-682-4033

Daytime Phone #

CR2E034 (10/00)

0467214