

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90140 049 ***558.75

0136869 AB

DOCUMENT # L18672
1. Entity Name
U.S. DIVERSIFIED TECHNOLOGIES, INC.

Principal Place of Business
149 RIVER STREET
SOUTH YARMOUTH PA 02664
US

Mailing Address
149 RIVER STREET
SOUTH YARMOUTH PA 02664
US

979144



2. Principal Place of Business
3851 TORREY PINES BLVD

3. Mailing Address
149 RIVER STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FL

City & State
SOUTH YARMOUTH, MA

4. FEI Number
59-3147393

Applied For
Not Applicable

Zip
34238

Country

Zip
02664

Country
USA

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

SCHIFINO, JOHN A ESQ
201 N. FRANKLIN ST., STE 2600
TAMPA FL 33602

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

Chris Starkey

9/10/2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SANTOSTASI, PAUL JR
3851 TOREY PINES BLVD.
SARASOTA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
STARKEY, CHRIS
149 RIVER STREET
SOUTH YARMOUTH PA 02664

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Chris Starkey

9/10/2001 508-394-2060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
929144
L18672

PLEASE NOTE
THIS APPLICATION
MAY BE DELAYED
BY THE WORLD TRADE
CENTER TRAGEDY.
IT WAS MAILED ON
THE DAY OF THE
TRAGEDY,