

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90050 013 ***150.00

DOCUMENT # L39386

1. Entity Name

CAMBRIDGE DIVERSIFIED, INC.

Principal Place of Business

% GEORGE H. RUSS
 907 WEBSTER ST
 LEESBURG FL 34748

Mailing Address

% GEORGE H. RUSS
 907 WEBSTER ST
 LEESBURG FL 34748

2. Principal Place of Business

Sandra A. Pickren

3. Mailing Address

% **Sandra A. Pickren**

Suite, Apt. #, etc.

P.O. Box 1480

Suite, Apt. #, etc.

P.O. Box 1480

City & State
Eustis, Florida

City & State
Eustis, FL

Zip
32727

Country
USA

Zip
32727

Country
USA

4. FEI Number **59-2983497**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUSS, GEORGE H.
907 WEBSTER ST
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name
Brett L. Swigert, PA
 Street Address (P.O. Box Number is Not Acceptable)
531 N. Bay Street
 City **Eustis, FL** Zip Code **32726**

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

Brett L. Swigert, President
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-9-01

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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** Delete
 NAME **THOMAS, ROBERT C.**
 STREET ADDRESS **8957 E TREASURE ISLAND AVE**
 CITY-ST-ZIP **LEESBURG FL 34788-3229**

TITLE **DVP** Delete
 NAME **THOMAS, LINDA**
 STREET ADDRESS **8957 E TREASURE ISLAND AVE**
 CITY-ST-ZIP **LEESBURG FL 34788-229**

TITLE **DST** Delete
 NAME **THOMAS, EDWIN G**
 STREET ADDRESS **8957 E TREASURE ISLAND AVE**
 CITY-ST-ZIP **LEESBURG FL 34788-3229**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Change Addition
 NAME **Thomas, Linda**
 STREET ADDRESS **8957 E. Treasure Island Ave.**
 CITY-ST-ZIP **Leesburg, FL 34788**

TITLE Change Addition
 NAME **PSTD**
 STREET ADDRESS **Sandra Ann Pickren**
 CITY-ST-ZIP **2006 High St., Apt. B2**
Leesburg, FL 34748

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

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:

Sandra A. Pickren
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01
 Date

(352) 326-4455
 Daytime Phone #

UM-3327/D

CR2E034 (10/00)