

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90323 040 \*\*\*150.00

**DOCUMENT # L39386**

1. Entity Name  
**CAMBRIDGE DIVERSIFIED, INC.**

Principal Place of Business

**SANDRA A PICKREN**  
**P.O. BOX 1480**  
**EUSTIS FL 32727**

Mailing Address

**SANDRA A PICKREN**  
**P.O. BOX 1480**  
**EUSTIS FL 32727**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2309 Mahoney Ave.**

3. Mailing Address

**PO Box 490579**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Leesburg, FL**

City & State

**Leesburg, FL**

4. FEI Number

**59-2983497**

Applied For

Not Applicable

Zip

Country

**34748**

**USA**

Zip

**34749**

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

**SWIGERT, BRETT PA**  
**531 N. BAY ST**  
**EUSTIS FL 32726**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DVP**  
**Thomas, Linda** ☒ Change ☐ Addition  
**2006 High St Apt. B-2**  
**Leesburg, FL 34748**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD** ☒ Delete  
**PICKREN, SANDRA A**  
**2006 HIGH ST APT., B-2**  
**LEESBURG FL 34748**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD** ☒ Change ☐ Addition  
**Pickren, Sandra**  
**2309 Mahoney Ave.**  
**Leesburg, FL 34748**

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  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Sandra A. Pickren, 4/30/01 (352) 326-4455**

CR2E034 (9/01)