


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90706 019 \*\*\*150.00

0598209 AV

|  |   |
|--|---|
| <b>DOCUMENT #</b> L39386                             |  |
| 1. Entity Name<br><b>CAMBRIDGE DIVERSIFIED, INC.</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>2309 MAHONEY AVE<br/>LEESBURG FL 34748</b> | Mailing Address<br><b>P.O. BOX 490579<br/>LEESBURG FL 34749</b> |
|--|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



☐ CHECK HERE IF MAKING CHANGES

|   |  |                                       |
|---|--|---------------------------------------|
| 4. FEI Number <b>59-2983497</b>                           |  | Applied For                           |
|   |  | Not Applicable                        |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |

|  |  |  |    |
|--|--|--|----|
| 6. Name and Address of Current Registered Agent                |  | 7. Name and Address of New Registered Agent        |    |
| <b>SWIGERT, BRETT PA<br/>531 N. BAY ST<br/>EUSTIS FL 32726</b> |  | Name   |    |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |    |
|  |  |  |    |
|  |  | City   | FL |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2003 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>DVP</b> <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>THOMAS, LINDA</b>                        | NAME  |  |
| STREET ADDRESS             | <b>2006 HIGH ST, APT B-2</b>                | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>LEESBURG FL 34748</b>                    | CITY-ST-ZIP   |  |
| TITLE                      | <b>PSTD</b> <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PICKEREN, SANDRA A</b>                   | NAME  | <b>Please CORRECT the spelling of my last name</b>                           |
| STREET ADDRESS             | <b>2309 MAHONEY AVE</b>                     | STREET ADDRESS  | <b>Correct Spelling: Pickren</b>   |
| CITY-ST-ZIP                | <b>LEESBURG FL 34748</b>                    | 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   |  |
| 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   |  |
| 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   |  |
| 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   |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Sandra A. Pickren* **SIGNATURE REQUIRED** **President** **4/30/03** **352-326-4455**

CR2E034 (10/02)