

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L67350

1. Entity Name

DIVERSIFIED BUILDERS, INC.

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

02-05-2001 90080 019 ***150.00

Principal Place of Business

2057 DAWN DR
UNIT 304
CLEARWATER FL 34623
US

Mailing Address

2057 DAWN DR
UNIT 304
CLEARWATER FL 34623
US

2. Principal Place of Business

2057 DAWN DR

Suite, Apt. #, etc.

3. Mailing Address

2057 DAWN DR

Suite, Apt. #, etc.

City & State

CLEARWATER FL

Zip
33763

Country
PINELLAS

City & State

CLEARWATER FL

Zip
33763

Country
PINELLAS

4. FEI Number 59-3011869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAIGE, JOE
2057 DAWN DRIVE
CLEARWATER FL 34623

7. Name and Address of New Registered Agent

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
PAIGE, JOSEPH R.
2057 DAWN DRIVE
CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAIGE, JOSEPH R.
2057 DAWN DRIVE
CLEARWATER FL ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Joseph R. Paige, PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH R. PAIGE, PRESIDENT 02/02/01

Date

Daytime Phone #

(727) 420-1231

CR2E034 (10/00)