

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003896

1. Entity Name

DIVERSIFIED CHRISTIAN SERVICES, INC.

FILED

01 JUL -9 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
POST OFFICE BOX 3161 TEQUESTA FL 33469		POST OFFICE BOX 3161 TEQUESTA FL 33469	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0826444	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MANTWILL, DAVID A 6 CONOURSE DRIVE TEQUESTA FL 33469		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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTWILL, DAVID A	NAME	
STREET ADDRESS	6 CONOURSE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	CITY-ST-ZIP	
TITLE	VPSD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTWILL, PAULINE T	NAME	
STREET ADDRESS	6 CONOURSE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTWILL, PAUL C	NAME	
STREET ADDRESS	15 SPLUTRAIL CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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 617, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

1-P-01