2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000023094 1. Entity Name GANIM DIVERSIFIED, INC.				Secretary of State 02-19-2002 90026 033 ***150.00
	se of Business SEAS HIGHWAY FL 33037	Mailing Address 102250 OVERSEAS HIGHWA KEY LARGO FL 33037	AY	(1004/100) KI 00/K 00/K 00/K 00/K 00/K 00/K 00/K 0
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0983317 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent
LUPINO, JAMES S 90130 OLD HIGHWAY TAVERNIER FL 33070		, .	Name Street Addre	ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
Tax filing (Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible requirement and elects to do so, ria on back) OFFICERS AND DIF	FILE NOW!!! After May 1, 2002 Make Check Payable	Registered Agent signature req FEE IS \$150.00 2 Fee will be \$550.0 e to Department of \$	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DT GANIM, LEE G 102250, OVERSEAS HIGHWAY KEY LARGO FL 33037 D GANIM, JENNIFER R 102250 OVERSEAS HIGHWAY	☐ Delete	TITLE DP NAME STREET ADDRESS CITY-ST-ZIP TITLE DVP NAME STREET ADDRESS	ganim, Daniel, J Addition 20050 Overslas Hwy. Cylago fr 38087 Change Addition Change Addition Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D GANIM, LAURA A 102250 OVERSEAS HIGHWAY KEY LARGO FL 33037	☐ Delete		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	GANIM, DANIEL J 102250 OVERSEAS HIGHWAY KEY LARGO FL 33037		NAME STREET ADDRESS CITY-ST-ZIP	2050 Oversus Huy. 4 Lago 12 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	t t Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	certify that the information supplied with thi on this report or supplemental report is tru poration or the ecleiver or trustee empore or on an attachment with an address, with	ue and accurate and that my ered to execute this report a	he exemption stated in signature shall have to s required by Chapter	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if