2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State
05-25-2001 90294 006 ***158.75

DOCUMENT # P00000027186

1. Entity Name

DIVERSIFIED PROGRAM SERVICES, INC.

Principal Place of Business	Mailing Address
16 E. Univ.	P.O. Box 357415

L11071445

2. Principal Place of Business	3. Mailing Address
16 E. UNIVERSITY AVE	P.O. BOX 357415
Suite, Apt. #, etc.	Suite, Apt. #, etc.
DO NOT WRITE IN THIS SPACE	
City & State: GAINESVILLE, FL	City & State: GAINESVILLE, FL
Zip: 32601 Country: USA	Zip: 32635-7415 Country: USA

4. FEI Number 59-3635871 ☐ Applied For ☐ Not Applicable

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
JAMES E. CLAYTON 111 SE 1ST AVE GAINESVILLE, FL 32601	Name: JON C. HUENINK Street Address (P.O. Box Number is Not Acceptable): 28102 NW 174 th AVENUE City: HIGH SPRINGS FL Zip Code: 32643

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 _____ JON C. HUENINK, PRESIDENT 4/30/2001
Signature required. 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
PD JON C. HUENINK 28102 NW 174 AVE HIGH SPRINGS, FL 32643		☐ Delete		☐ Change ☐ Addition
STD SHERI A. WALLACE 28102 NW 174 th AVE HIGH SPRINGS, FL 32643		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ JON C HUENINK, Pres. 4/30/01 904-454-9823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #