

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90224 001 ***300.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** P00000036327**1. Entity Name**

PREFERRED DIVERSIFIED, INC.

Principal Place of Business**Mailing Address**1791 Blount Rd #512
Pompano Beach, FL 330691791 Blount Rd #512
Pompano Beach, FL 33069

4955

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**

59-2774075

Applied For**Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**Malone, Steven P.
1791 Blount Rd #512
Pompano Beach, FL 33069**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 resetting)

DATE

**9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)**☐**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	PD	☐ Delete
NAME	Malone, Steven	
STREET ADDRESS	3415 Diane Dr.	
CITY-ST-ZIP	Boynton Beach, FL 33435	

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

TITLE	STD	☐ Delete
NAME	Wielander, Eric	
STREET ADDRESS	8833 N.W. 66th Lane	
CITY-ST-ZIP	Parkland, FL 33087	

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven P. Malone 4/29/01