2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000051757

Entity Name: DIVERSIFIED HOME SERVICES & CONSTRUCTION, INC.

Current Principal Place of Business:

8362 PINES BLVD
213
PEMBROKE PINES, FL 33024

New Principal Place of Business:

12157 W. LINEBAUGH AVE
247
TAMPA, FL 33626

Current Mailing Address:

8362 PINES BLVD
213
PEMBROKE PINES, FL 33024

New Mailing Address:

12157 W. LINEBAUGH AVE
247
TAMPA, FL 33626

FEI Number: 65-1004925 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASH, STEVEN
18880 NW 19TH STREET
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

CASH, STEVEN
16203 MUIRFIELD DRIVE
ODESSA, FL 33556 US

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: _____ 03/25/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CASH, STEVEN
Address: 18880 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: CASH, STEVEN
Address: 16203 MUIRFIELD DRIVE
City-St-Zip: ODESSA, FL 33556

Title: V ( ) Change (X) Addition
Name: CASH, ANN MARIE
Address: 16203 MUIRFIELD DRIVE
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN CASH P/D 03/25/2002
Electronic Signature of Signing Officer or Director — Date