

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90014 023 ***150.00

DOCUMENT # **P00000054447 ✓**

1. Entity Name

DIVERSIFIED SUPPLY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

12425 28th ST N #103
ST PETERSBURG, FL 33716
US

12425 28th ST N #103
ST PETERSBURG, FL 33716
US

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

59-3649023

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

BREWTON, WILBUR E.
225 S. ADAMS ST #250
TALLAHASSEE, FL 32301

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 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 | C D | <input type="checkbox"/> Delete |
| NAME | Humphries, Frederick S. | |
| STREET ADDRESS | 400 Lee Hall | |
| CITY-ST-ZIP | Tallahassee, FL 32307 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DAVIS, Pamela Jo | |
| STREET ADDRESS | 12425 28th ST N #103 | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33716 | |
| TITLE | ST D | <input type="checkbox"/> Delete |
| NAME | Leiva, German | |
| STREET ADDRESS | 2305 N.W. 107th AVE #107 | |
| CITY-ST-ZIP | Miami, FL 33172 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BROWN, SHIRLYNN | |
| STREET ADDRESS | 12425 28th ST N #103 | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33716 | |
| TITLE | ASSISTANT T | <input type="checkbox"/> Delete |
| NAME | Smith, Robert M. | |
| STREET ADDRESS | 12425 28th N #103 | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33716 | |
| TITLE | ASSISTANT S | <input type="checkbox"/> Delete |
| NAME | KNIGHTLY, Esther | |
| STREET ADDRESS | 12425 28th ST N #103 | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33716 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01

Date

727-556-3366

Daytime Phone #

CR2E034 (11/00)