

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90052 033 ***150.00

DOCUMENT # P00000065751

1. Entity Name
DIFFERENT INC.

Principal Place of Business

**17 ADAMS ROAD #17
OCEAN RIDGE FL 33435**

Mailing Address

**17 ADAMS ROAD #17
OCEAN RIDGE FL 33435**

2. Principal Place of Business

92 MAY FAIR LANE
Suite, Apt. #, etc.

3. Mailing Address

92 MAY FAIR LANE
Suite, Apt. #, etc.

City & State

Boynton Beach FL

City & State

Boynton Beach FL

4. FEI Number

65-1023297

Applied For

Not Applicable

Zip
33426

Country

USA

Zip
33426

Country

USA

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

**OSBORNE, DIANA
17 ADAMS ROAD #17
OCEAN RIDGE FL 33435**

Name

Street Address (P.O. Box Number is Not Acceptable)

92 MAY FAIR LANE

City

Boynton Beach FL

Zip Code

33426

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 **Diana L. Osborne - President**

4/11/01

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 **D** **Diana Osborne** ☐ Delete
NAME
STREET ADDRESS **92 MAY FAIR LANE**
CITY-ST-ZIP **Boynton Beach, FL 33426**

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

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TITLE ☐ Change ☐ Addition
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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:

Diana L. Osborne

Diana L. Osborne

4/11/01

561 968-6115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)