

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90235 004 ***158.75

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1. Entity Name

Bishop's Diversified Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
221 Dixie Lane
3. Mailing Address
P.O. Box 236532

City & State: Rockledge, FL
City & State: Cocoa, FL
Zip: 32955
Country: Brevard
Zip: 32923-6532
Country: Brevard

4. FEI Number: 59 366 1307
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: George Bishop
Street Address (P.O. Box Number is Not Acceptable): 201 Indian Trail
City: Cocoa FL Zip Code: 32927

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1, Fee is \$180.00
After May 1, Fee is \$550.00
Amended UBR is \$81.28
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			
TITLE	George Bishop	TITLE	
NAME	George Bishop	NAME	
STREET ADDRESS	201 Indian Trail	STREET ADDRESS	
CITY-ST-ZIP	Cocoa, FL 32927	CITY-ST-ZIP	
TITLE	Theodora Copeland	TITLE	
NAME	Theodora Copeland	NAME	
STREET ADDRESS	3195 Daryl Terrace	STREET ADDRESS	
CITY-ST-ZIP	Titusville, FL 32796	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with or other like empowerment.

SIGNATURE: George Bishop Date: 4/24/02 321 544 6231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

CR2E034B (12/01)