

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90137 046 \*\*\*150.00

**DOCUMENT # P00000099894**

1. Entity Name  
**DIFFERENT ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

5102 BELMERE PARKWAY, #1503  
 TAMPA FL 34642

5102 BELMERE PARKWAY, #1503  
 TAMPA FL 34642

00042555



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5102 Belmere Parkway  
 Suite, Apt. #, etc.  
 # 1503

5102 Belmere Parkway  
 Suite, Apt. #, etc.  
 #1503

City & State  
 Tampa, Florida

City & State  
 Tampa, Florida

4. FEI Number  
 593677834

Applied For  
 Not Applicable

Zip  
 33624

Country  
 Hillsboro

Zip  
 33624

Country  
 Hillsboro

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

SEXTON, DEBORAH  
 5102 BELMERE PARKWAY, #1503  
 TAMPA FL 34642 ← 33624

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 Deborah Sexton President (Deborah Sexton) 4/10/01  
 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 ☐ Delete  
 NAME D  
 STREET ADDRESS 5102 BELMERE PARKWAY, #1503  
 CITY-ST-ZIP TAMPA FL 34642

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  
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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)(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: Deborah Sexton Deborah Sexton  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 813 - 960-3066  
 Date Daytime Phone #

CR2E034 (10/00)