

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90038 035 ***150.00

04/09/02 AV

DOCUMENT # P00000111648

1. Entity Name

DIVERSIFIED TECHNOLOGIES & SOLUTIONS CORP.

Principal Place of Business

**15490 WESTMINSTER AVE.
 CLEARWATER FL 33760**

Mailing Address

**15490 WESTMINSTER AVE.
 CLEARWATER FL 33760**

2. Principal Place of Business

**8353 WRENS WAY
 Suite, Apt. #, etc.**

3. Mailing Address

**8353 WRENS WAY
 Suite, Apt. #, etc.**

City & State

LARGO FLORIDA

City & State

LARGO FLORIDA

Zip

33773

Country

USA

Zip

33773

Country

USA

4. FEI Number

**NOT APPLICABLE
 59-5684168**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NGUYEN, LOC T
 8353 WRENS WAY
 LARGO FL 33770**

7. Name and Address of New Registered Agent

Name

LOC NGUYEN

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

8353 WRENS WAY

City

LARGO

FL

Zip Code

33773

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]

LOC NGUYEN

03/11/02

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, 2002 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

TITLE ☐ Delete
 NAME **D NGUYEN, LOC T**
 STREET ADDRESS **8353 WRENS WAY**
 CITY-ST-ZIP **LARGO FL 33773**

TITLE ☒ Delete
 NAME **D IMAMOVIC, KENAN**
 STREET ADDRESS **5490 WESTMINSTER AVE.**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☒ Delete
 NAME **D PEART, ANDREW**
 STREET ADDRESS **2437 LYNN LAKE CIR. SOUTH, APT. D**
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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:

[Signature] **LOC NGUYEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/02

Date

727-535-1007

Daytime Phone #

CR2E034 (9/01)