

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000003484**

1. Entity Name
DIVERSIFIED PROJECT SERVICES, INC.

Principal Place of Business
PO BOX 350798
PALM COAST FL 32135

Mailing Address
PO BOX 350798
PALM COAST FL 32135

2. Principal Place of Business **PO BOX 350798** 3. Mailing Address

Suite, Apt. #, etc. **PO BOX 350798**

City & State **PALM COAST FL 32135**

Zip **32135** Country **FL**

6. Name and Address of Current Registered Agent

**CZUMAK, CHERIE
19 ANDOVER DRIVE
PALM COAST FL 32137**

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, 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

**PSD
CZUMAK, CHERIE
19 ANDOVER DRIVE
PALM COAST FL 32137**

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**VD
CZUMAK, FRANK
19 ANDOVER DRIVE
PALM COAST FL 32137**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE
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STREET ADDRESS
CITY-ST-ZIP**

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Delete

**TITLE
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CITY-ST-ZIP**

Change Addition

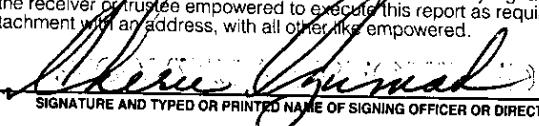
**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

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

4/22/02 (386) 446-2674
Date
Daytime Phone #

CR2E034 (9/01)