

2002 UNIFORM BUSINESS REPORT (UBR)

REJECTED
 FILED 2002 90087 018 ***150.00
 P01000017920

02 SEP -5 AM 9:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000017920**

1. Entity Name
DISA, INC.

Principal Place of Business

700 VILLAGE GREEN COURT APT H-121
 PALM SPRINGS FL 33461

Mailing Address

700 VILLAGE GREEN COURT APT H-121
 PALM SPRINGS FL 33461

2. Principal Place of Business

3391 Gulfstream Rd.
 Suite, Apt. #, etc.

3. Mailing Address

3391 Gulfstream Rd.
 Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

4. FEI Number

65-1152597

Applied For

Not Applicable

Zip Country

33461

Zip Country

33461

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, JOSE C

700 VILLAGE GREEN COURT APT H-121
 PALM SPRINGS FL 33461

7. Name and Address of New Registered Agent

Name

JOSE C. DIAZ

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

3391 Gulfstream Rd

City

LAKE WORTH

FL

Zip Code

33461

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)

8/20/02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSE C. DIAZ 3391 Gulfstream Rd LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/02
 Date

861-969-7230
 Daytime Phone #

CR2E034 (9/01)