


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90146 007 ***158.75

DOCUMENT # P01000046050

1. Entity Name
DIVERSIFIED MACHINE, INC.



Principal Place of Business
**4344 ENTERPRISE AV
SUITE 1B
NAPLES, FL 34104**

Mailing Address
**4344 ENTERPRISE AV
SUITE 1B
NAPLES, FL 34104**

2. Principal Place of Business
1100 COMMERCIAL Blvd.

3. Mailing Address
1100 COMMERCIAL Blvd

Suite, Apt. #, etc.
Suite # 104

City & State
NAPLES FL



CHECK HERE IF MAKING CHANGES

Zip
34104

Country
COLLIER

4. FEI Number
65-1103540

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, EDWARD B
260 3RD ST SW
NAPLES, FL 34117**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **EDWARD B. MILLER, Pres. 2/28/03**

(NOTE: Registered Agent Signature required when reinstating)

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$200.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MILLER, EDWARD B 260 3RD SW NAPLES, FL 34117 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MILLER, KATHLEEN A 260 3RD ST SW NAPLES, FL 34117 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **EDWARD B. MILLER** **2/28/03** **239-643-1401**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date **2/28/03** Cayman Phone #

CR2E034 (10/02)