

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90337 050 ***150.00

0507352 AV

DOCUMENT # P01000068673

1. Entity Name

DIVERSITY ENTERPRISES OF MARCO ISLAND, INC.

Principal Place of Business

C/O GARY J. HAUSLER
 950 N. COLLIER BLVD. #202 301
 MARCO ISLAND FL 34145

Mailing Address

C/O GARY J. HAUSLER
 950 N. COLLIER BLVD. #202 301
 MARCO ISLAND FL 34145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

950 N. COLLIER BLVD
 Suite, Apt. #, etc.
 # 301

City & State
 MARCO ISLAND, FL.

Zip
 34145

Country
 USA

3. Mailing Address

950 N. COLLIER BLVD #301
 Suite, Apt. #, etc.
 MARCO ISLAND

City & State
 FL

Zip
 34145

Country
 USA

4. FEI Number

582643391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HAUSLER, GARY J
 950 N. COLLIER BOULEVARD, #202 301
 MARCO ISLAND FL 34145

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee 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	D	<input type="checkbox"/> Delete
NAME	NEE, JAMES S	
STREET ADDRESS	519 ARBOR LANE	
CITY - ST - ZIP	PITTSBURG PA 15236	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEE, JUDITH A	
STREET ADDRESS	519 ARBOR LANE	
CITY - ST - ZIP	PITTSBURG PA 15236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-02 412 655 1325

CR2E034 (9/01)