

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

DOCUMENT # **901000069584**

1. Entity Name

DIVERSIFIED SERVICES LIMITED, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1109 LEISURE AVE.

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

SAME AS #2

Zip

33613

Country

USA

Zip

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Country

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4. FEI Number

59-3732969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GERNARD EICHHOLZ III

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

1109 LEISURE AVE.

City

TAMPA

FL

Zip Code

33613

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

10-22-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME

**OWNER / PRESIDENT
GERNARD EICHHOLZ III
1109 LEISURE AVE.
TAMPA FL 33613**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**400008599484
10/25/02--01108--001 **150.00**

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY EICHHOLZ III

10-22-02

Date

(813) 961-3704

Daytime Phone #

CR2E034B (12/01)

pg 2 of 2

Diversified Services Limited Inc.

To: Florida Department Of State

TYRONE

After speaking with you on the phone I went back to the envelope you sent me and found the UBR that you sent with the letter and my check. I am sending this form and the original check and request that all late fees and penalties be waived as we discussed on the phone on 10-23-02.

I am sending this letter to inform you that I **never received any forms or notices** from your office pertaining to payment and filing of this document. As we discussed there was a stretch of time where my mailbox had been vandalized and I was not receiving some mail that was lost when boxes were destroyed.

When I found out that this fee was required I sent in the fee required as soon as I was made aware, but since I had not received the UBR document you sent the check back as incomplete.

I also feel that revocation is NOT warranted as your offices failed to send me the appropriate documents!

I am sending this letter along with the original check and the completed form sent to me with the returned check and original letter in the hopes that you will correct this oversight and suspend revocation of this corporation.

If you have any questions call me at (813)961-3704 and we can straighten this mess out.

Thank-you.

Gerhard Eichholz III