

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90125 045 ***150.00

DOCUMENT # P02000061043	✓
1. Entity Name SPE DIVERSIFIED, INC.	

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business 2401 N.E. 5th Ave. <small>Suite, Apt. #, etc.</small>	3. Mailing Address 2401 N.E. 5th Ave. <small>Suite, Apt. #, etc.</small>
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City & State Boca Raton, Fl.	City & State Boca Raton, Fl.
Zip 33431 Country	Zip 33431 Country

DO NOT WRITE IN THIS SPACE	
4. FEI Number 06-1639015	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name Evans, Seamus P.	
Street Address (P.O. Box Number is Not Acceptable) 2401 N.E. 5th Ave.	
City Boca Raton, Fl.	
City FL	Zip Code 33431

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). **DATE** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	RD	STREET ADDRESS	
CITY - ST - ZIP	Evans, Seamus P.	CITY - ST - ZIP	
	2401 N.E. 5th Ave.		
TITLE	Boca Raton, Fl. 33431	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** _____ **Daytime Phone #** _____

CR2E034B (12/02)