

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90115 043 ***150.00

DOCUMENT # <i>PO 2000064161</i>	
1. Entity Name	
DIVERSIFIED TAXES AND FINANCIAL SERVICES INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4115 MARINER BLVD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State SPRING HILL, FL		City & State	
Zip 34609-2469	Country	Zip	Country

20016382

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1652497		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Dorothy Johnson	
Street Address (P.O. Box Number is Not Acceptable) 4115 Mariner Blvd.	
City Spring Hill	Zip Code FL 34609

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 _____ President _____ 3/4/2006
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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dorothy Johnson 4115 Mariner Blvd. Spring Hill, FL 34609
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Dorothy Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/06