

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91002 002 \*\*\*150.00

**DOCUMENT # P03000000104**  
1. Entity Name  
**DIVERSIFIED ENTERPRISES OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**8300 ULMERTON RD BLDG 112A  
LARGO FL 33771**

Mailing Address  
**8300 ULMERTON RD BLDG 112A  
LARGO FL 33771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPINOWITZ, HARVEY J ESQ.  
1421 COURT ST SUITE C  
CLEARWATER FL 33756**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **PATRICIA CUMMINGS** ☐ Delete  
STREET ADDRESS **2134 CAMPOS DR**  
CITY- ST- ZIP **CLEARWATER, FL 33764**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
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TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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CITY- ST- ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-31-03**

**727-443-1430**

CR2E034 (10/02)