

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90122 010 \*\*\*150.00

**DOCUMENT # P03000010870**

1. Entity Name  
**DIVERSIFIED DATA SERVICES, INC.**



Principal Place of Business  
**1227 5TH ST.  
ORANGE CITY, FL 32763**

Mailing Address  
**1227 5TH ST.  
ORANGE CITY, FL 32763**

**14013442**



2. Principal Place of Business  
**649 Fairchild Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**56 So 33rd Ave**  
Suite, Apt. #, etc.  
**# 276**

04302004 Chg-P CR2E034 (10/03)

City & State  
**Deltora, FL**  
Zip  
**32725**  
Country  
**USA**

City & State  
**St. Cloud, MN**  
Zip  
**56301**  
Country  
**USA**

4. FEI Number  
**04-3744293**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**URSETH, LISA M  
1227 5TH ST.  
ORANGE CITY, FL 32763**

7. Name and Address of New Registered Agent

Name  
**James R. Urseth**  
Street Address (P.O. Box Number is Not Acceptable)  
**649 Fairchild Ave**  
City  
**Deltora** FL Zip Code  
**32725**

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4/30/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00.**

9. Election Campaign Financing  
Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	URSETH, LISA M	
STREET ADDRESS	1227 5TH ST.	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Urseth, Lisa M	
STREET ADDRESS	56 So 33rd Ave #276	
CITY-ST-ZIP	St Cloud MN 56301	
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		

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**4/30/04** 320-282-1515  
Daytime Phone #

Attachment  
P03000010870 14019442  
**Division of Corporations**

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **P03000010870**

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The charge for your Annual Report is  
**\$150.00**

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