

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021640

1. Entity Name

GLOBAL DIVERSIFIED PRODUCTS, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90057 002 ***150.00

Principal Place of Business

Mailing Address

11401 16TH COURT N
ST PETERSBURG FL 33716

11401 16TH COURT N
ST PETERSBURG FL 33716-2304

2. Principal Place of Business

11400 47TH ST. N
Suite, Apt. #, etc.

3. Mailing Address

11400 47TH ST. N
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER, FL
Zip 33762 Country PINELLAS

City & State

CLEARWATER, FL
Zip 33762 Country PINELLAS

4. FEI Number

59-3169134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUNEJA, KAMAL S
11401 16TH COURT NORTH
ST PETE FL 33716

7. Name and Address of New Registered Agent

Name

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

11400 47TH ST. N

City

CLEARWATER

FL

Zip Code

33762

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	JUNEJA, KAMAL S	11401 16TH COURT N	ST PETERSBURG FL 33716	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		11400 47TH ST N	CLEARWATER, FL 33762	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Kamal Juneja
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/00

Daytime Phone #

727/571-3770
727-571-3878 dw

CR2E034 (9/99)