2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State
05-12-2001 90008 028 ***150.00

DOCUMENT # P93000030619

Entity Name
DIVERSIWEST II, INC

Principal Place of Business: 1648 TAYLOR RD STE 401 PORT ORANGE, FL 32124

Mailing Address

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
1648 TAYLOR RD	1648 TAYLOR RD
Suite, Apt. #, etc.: STE 401	Suite, Apt. #, etc.: STE 401
City & State: PORT ORANGE FLORIDA	City & State: Port Orange FLORIDA
Zip: 32124 / Country: VOLUSIA	Zip: 32124 / Country: VOLUSIA

4. FEI Number: 593179500 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOSEPH G. AVENA
SAME:

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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

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, 2001 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S JOSEPH G. AVENA 1648 TAYLOR RD STE 401 PORT ORANGE, FL 32124 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T GERARD AVENA 617 Forest Troll DRIVE Port Orange, FL 32127 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T NICOLA MORGESON 1648 TAYLOR RD. STE. 401 PORT ORANGE, FL 32124 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] JOSEPH G. Avena 4/21/01 904 679-0245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)