

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008556

1. Entity Name
DIVERSIFIED INDUSTRIAL SERVICE, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90008 018 ***150.00

Principal Place of Business

7842 126TH AVE
BLDG. 108 BOX 7
LARGO FL 33773
US

Mailing Address

7842 126TH AVE
BLDG. 108 BOX 7
LARGO FL 33773
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3223239**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ROBERTS, GALE D
78452 126TH AVE N
LARGO FL 33773

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROBERTS, GALE D
7842 126TH AVE N
LARGO FL 33773 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

9-6-00 727 530-5915

Attachment # P94000008556
B0105462

DIVERSIFIED INDUSTRIAL SERVICES

7842 126TH AVE N.

LARGO FL. 33773

813-530-5915

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

9/6/00

Dear Sirs:

Apparently the UBS form I am now responding to is the second notice you have sent to me. We are a very small business of three people and I do all the office work and I did not receive a first notice. We have always paid in the past on the first notice, any consideration you can give me in this regard would be greatly appreciated.

Sincerely

A handwritten signature in cursive script that reads "Gale D. Roberts".

Gale D. Roberts