

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90108 026 ***150.00

DOCUMENT # P94000008556

1. Entity Name

DIVERSIFIED INDUSTRIAL SERVICE, INC.

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

7842 126th Ave N.

Suite, Apt. #, etc.

3. Mailing Address

7842 126th Ave N.

Suite, Apt. #, etc.

City & State

Largo, Florida

Zip

33773

Country

Pinellas

City & State

Largo, Florida

Zip

33773

Country

Pinellas

4. FEI Number

59-3223239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent.

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 \$150.00
After May 1, 2002 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 PD
 NAME ROBERTS, GALE D
 STREET ADDRESS 7842 126TH AVE N
 CITY-ST-ZIP LARGO FL 33773

☐ Delete

TITLE
 NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☐ Addition

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 CITY-ST-ZIP

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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 #

CR2E034 (9/01)