

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000011272**

1. Entity Name

DIVERSIFIED ENGINEERING INC.**FILED**
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90064 014 ***150.00

Principal Place of Business

Mailing Address

12295 W COLONIAL DR
WINTER GARDEN FL 3478712295 W COLONIAL AVE
WINTER GARDEN FL 34787-2922
US

00035337

2. Principal Place of Business

3. Mailing Address

1150 E. PLANT STREET**1150 E. PLANT STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE F**SUITE F**

City & State

City & State

WINTER GARDEN, FL**WINTER GARDEN, FL**

Zip

Country

Zip

Country

34787**US****34787****US**

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3223368

Applied For

Not Applicable

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

Name

DONALD E. FLYNN

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

1150 E. PLANT STREET**SUITE F**

City

WINTER GARDEN**FL**

Zip Code

34787

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 State10. 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	<input type="checkbox"/> Delete
	DPT			<input type="checkbox"/> Delete
	FLYNN, DONALD E	2729 MAYWOOD STREET	EUSTIS FL	
	V			<input checked="" type="checkbox"/> Delete
	PATEL, ROGER	5105 PINE TOP PLACE	ORLANDO FL	
	V			<input type="checkbox"/> Delete
	DARDEN, CHARLES	11977 HATCHER CIR.	ORLANDO FL 32824	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (9/99)

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:

Charles Darden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-00

Date

(407)656-7077

Daytime Phone #