

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0163532 AV

04-11-2002 90694 011 ***150.00

DOCUMENT # P94000037669

1. Entity Name

DIVERS CITY, USA, INCORPORATED

Principal Place of Business

**104001 OVERSEAS HWY
KEY LARGO FL 33037
US**

Mailing Address

**104001 OVERSEAS HWY
KEY LARGO FL 33037
US**



2. Principal Place of Business

107900 Overseas Hwy
Suite, Apt. #, etc.

3. Mailing Address

107900 Overseas Hwy
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KEY LARGO, FL

City & State

Key Largo, FL

4. FEI Number

65-0503721

Applied For

Not Applicable

Zip

33037

Country

USA

Zip

33037

Country

USA

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

6. Name and Address of Current Registered Agent

**WOLF, CAROL A
171 HOOD AVENUE
STE. 13
TAVERNIER FL 33070**

7. Name and Address of New Registered Agent

Name **Barbara Froelich**
Street Address (P.O. Box Number is Not Acceptable) **659 COLSON DR**
City **KEY LARGO** FL Zip Code **33037**

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

Barbara Froelich

(NOTE: Registered Agent signature required when reinstating)

2/28/02

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 ☐ Delete
NAME **D MIKLIA, ROBERT D**
STREET ADDRESS **659 COLSON DR**
CITY-ST-ZIP **KEY LARGO FL**

TITLE ☐ Delete
NAME **VP FROELICH, BARBARA**
STREET ADDRESS **659 COLSON DR**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Barbara Froelich **Barbara Froelich**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02 305 451 4554

Date Daytime Phone #

CR2E034 (9/01)