

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085533

1. Entity Name

DIVERSIFIED LABOR SERVICES, INC.

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

05-11-2000 91422 042 ***150.00

Principal Place of Business

102 SE 4TH AVE
BOYNTON BEACH FL 33435

Mailing Address

102 SE 4TH AVE
BOYNTON BEACH FL 33426-3623

2. Principal Place of Business

1454 SW. Sudder Ave
Suite, Apt. #, etc.

3. Mailing Address

1454 SW. Sudder Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie FL

City & State

Port St. Lucie FL

4. FEI Number

65-0537956

Applied For

Not Applicable

Zip

34953

Country

USA

Zip

34953

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEVENS, ROBERT W
102 SE 4TH AVE
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name: Stevens, Robert W.
Street Address (P.O. Box Number is Not Acceptable): 1454 SW. Sudder Ave
City: Port St. Lucie FL Zip Code: 34953

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | PT | <input type="checkbox"/> Delete |
| NAME | STEVENS, ROBERT W | |
| STREET ADDRESS | 102 SE 4TH AVE | |
| CITY-ST-ZIP | BOYNTON BCH FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MURRY, WILLIAM | |
| STREET ADDRESS | 226 NE 1ST AVE | |
| CITY-ST-ZIP | DELRAY BCH FL | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | STEVENS, WILLIAM S | |
| STREET ADDRESS | 698 THOMAS JEFFERSON LANE | |
| CITY-ST-ZIP | MELBORNE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Crochiere, Darleen | |
| STREET ADDRESS | 1454 S.W. Sudder Ave | |
| CITY-ST-ZIP | Port St Lucie FL 34953 | |
| TITLE | PT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Stevens, Robert W. | |
| STREET ADDRESS | 1454 S.W. Sudder Ave. | |
| CITY-ST-ZIP | Port St. Lucie FL 34953 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert W. Stevens 2/15/00 (501) 344-8333 369-1952

CR2E034 (9/99)