## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**)

## P95000015737 DOCUMENT #

1. Entity Name

Principal Place of Business

SPRING HILL FL 34606

5331 COMMERCIAL WAY, UNIT 112

DIVERSE INDUSTRIES, INC.



**FILED** Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90090 011 \*\*\*150.00

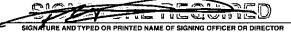
A PROPERTY OF A SOLD DESIGN DESIGN DESIGN DESIGN RESIDN STEEL CHICK SECTION (SEE STEEL)

Mailing Address 5331 COMMERCIAL WAY, UNIT 11 SPRING HILL FL 34606	12

2. Principal F	cipal Place of Business 3. Mailing Address							<b>i</b> 48148 1881 1881		
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			5			
City & State City & State					4.	4. FEI Number 65-0573899		pplied For lot Applicable		
Zip	Country	Zip 	Cour	ntry	5. (	Certificate of Status Desired	<b>\$8.75</b> Ad Fee Require	lditional ed		
6. Name and Address of Current Registered Agent					7. 1	7. Name and Address of New Registered Agent				
				Name	Name					
THOMSON, GARY				Occasional Control of the Control of						
9208 TARLETON CIR.				Street Address (P.O. Box Number is Not Acceptable)						
WEFKI W	ACHEE FL 34613						******		1	
***************************************							<del></del>		4	
				City		FL	Zip Coo	de	1	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	register	ed office or regist	ered ag	ent, or both, in the State of Florida. I am f	amiliar with	, and accept	4	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registere	d Agent signature requir	red when re	sinstating) DATE		<del></del>		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees		
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 11	1_	
TITLE	PD	☐ Delete	TITL	E			Change	Addition	] <u>@</u>	
NAME	THOMSON, GARY		NAM	E					18	
STREET ADDRESS CITY-ST-ZIP	9208 TARLETON CIR. WEEKI WACHEE FL <sub>3</sub> 34613			ET ADDRESS -ST-ZIP						
TITLE.	VD . ,	□ Delete		E			☐ Change	Addition	CR2E034 (10/02)	
NAME	THOMSON, PHILIP •• '			E					'	
STREET ADDRESS	9457 RUBY FALLS COURT			ET ADDRESS					-	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	- 4	CITY	-ST-ZIP					١.	
TITLE	STD	☐ Delete	TITLI	E			Change	☐ Addition		
NAME	THOMSON, JOAN		NAM	_						
STREET ADDRESS	9208 TARLETON CIR.			ET ADDRESS						
CITY-ST-ZIP	WEEKI WACHEE FL 34613		CITY	-ST-ZIP					-	
TITLE		☐ Delete	TITU				☐ Change	Addition		
NAME			NAM	1			•		Ι.	
STREET ADDRESS CITY-ST-ZIP		•		ET ADDRESS -ST-ZIP					'	
		П	-				/ Channe	C sadition	-}	
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TITLE		· V. · · · · · · · · · · · · · · · · · ·	╂				Change	☐ Addition	†	
NAME		Delete 1	TITLE	E		•	Li Glange	Addition		
STREET ADDRESS		•	•	ET ADDRESS						
CITY OF 7ID				CT 7ID						

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



352-597-0750