

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90011 045 ***150.00

DOCUMENT # P95000022822

1. Entity Name
DPR, DIVERSIFIED INC.

Principal Place of Business

**1414 HOMESTEAD RD.
 LEHIGH ACRES FL 33936
 US**

Mailing Address

**BOX 1164
 LEHIGH ACRES FL 33936**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1140 Lee Blvd
 Suite 105**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lehigh Acres, FL

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6. Name and Address of Current Registered Agent

**REEVE, DAVID
 1414 HOMESTEAD RD.
 LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent

Name **David Reeve**
 Street Address (P.O. Box Number is Not Acceptable)
1140 Lee Blvd Suite 105
 City **Lehigh Acres** FL Zip Code **33936**

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	P	<input type="checkbox"/> Delete
NAME	REEVE, DAVID W	
STREET ADDRESS	20230 CYPRESS CREEK ROAD	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REEVE, PHYLLIS	
STREET ADDRESS	20230 CYPRESS CREEK	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	S	<input type="checkbox"/> Delete
NAME	REEVE, PHYLLIS	
STREET ADDRESS	20230 CYPRESS CREEK	
CITY-ST-ZIP	ALVA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	AUSTIN, BERNICE	
STREET ADDRESS	BOX 226, AUSTIN RD.	
CITY-ST-ZIP	PERRY FL	
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		<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		
TITLE	Austin Bernice	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20230 Cypress Creek RD	
STREET ADDRESS	Alva FL 33920	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02

CR2E034 (9/01)