

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90027 029 ***150.00

600672



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000027866			
1. Entity Name DIVERSIFIED AFFILIATED SERVICES, INC.			
Principal Place of Business 4613 BARCLAY LANE TALLAHASSEE FL 32308		Mailing Address P.O. BOX 6197 TALLAHASSEE FL 32314-6197	
2. Principal Place of Business <i>6653 Man o war Trail</i>		3. Mailing Address Suite, Apt. #, etc.	
City & State <i>Tallahassee, FL</i>		City & State	
Zip <i>32308</i>	Country <i>Leon</i>	Zip	Country
6. Name and Address of Current Registered Agent GALLON, NATHANIEL JR. 4613 BARCLAY LANE TALLAHASSEE FL 32308		7. Name and Address of New Registered Agent Name <i>Nathaniel Gallon Jr.</i> Street Address (P.O. Box Number is Not Acceptable) <i>6653 Man o war Trail</i> City <i>Tallahassee</i> FL Zip Code <i>32308</i>	
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 <i>Nathaniel Gallon Jr.</i> <i>Nathaniel Gallon Jr.</i> <i>01-07-01</i> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GALLON, NATHANIEL JR. 4613 BARCLAY LANE TALLAHASSEE FL 32308	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GALLON, GIEZELLE R 4613 BARCLAY LANE TALLAHASSEE FL 32308	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President</i> <i>Gallon, Nathaniel Jr.</i> <i>6653 Man o war Trail</i> <i>Tallahassee, FL 32308</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Sec.</i> <i>Gallon, Giezele R.</i> <i>6653 Man o war Trail Tallahassee, FL 32308</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Nathaniel Gallon Jr.</i> <i>Nathaniel Gallon Jr.</i> <i>President</i>		Date <i>01-08-01</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (10/00)