## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 23, 2001 8:00 am DOCUMENT # P95000074441 **Secretary of State** 1. Entity Name FORD DIVERSIFIED ENTERPRISES, INC. 01-23-2001 90016 008 \*\*\*158.75 Principal Place of Business Mailing Address 11225 RIDDLE DR. POSTAL CENTER USA 106 SPRING HILL FL 34608 SPRING HILL FL 34609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3334366 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FORD, TROY A Street Address (P.O. Bex Number is Not Acceptable) 11225 RIDDLE DRIVE SPRING HILL FL 34609 Zip Code 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. NA SIGNATURE Troy A. row Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. Vice President CR2E034 (10/00) ☐ Addition TITLE Change TITLE ☐ Defete Eun Hwa Park FORD, TROY A NAME NAME 11225 Riddle Dr. STREET ADDRESS STREET ADDRESS 11225 RIDDLE ROAD Spring Hill, FL 34609 CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34609 ☐ Delete TITLE President Troy A. Ford 11225 Riddle Dr. FORD, CHRISTIE L NAME NAME STREET ADDRESS STREET ADDRESS 11225 RIDDLE DRIVE Spring Hill, FL 34609 CITY-ST-ZIP CITY-ST-ZIF SPRING HILL FL 34609 VICE PRESIDENT ☐ Addition TITLE ☐ Delete TITLE Change END HWA PARK NAME NAME 11225 Riddle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Spring Hill, ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.