2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2003 8:00 am Secretary of State

DOCUMENT # P95000087874 1. Entity Name DIVERSIFIED AIRBORNE ENTERPRISES, INC.		05-13-2003 90049 003 ***150.00		
Principal Place of Business 703 WESTWOOD DR BRANDON, FL 33511	Mailing Address 703 WESTWOOD DR BRANDON, FL 33511			
2. Principal Place of Business Po Box \$90 Suite, Apt. #, etc.	3. Mailing Address O BOX Suite, Apt. 4, etc.	890	CHECK HERE IF MAKING CHA	221 (B)() (421) 8121 1241
UALRICO, FL	City & State	9	4. FEI Number 59-3348684	Applied For Not Applicable
33595-0890 Country	33595-0890	Country USA		75 Additional Required
6. Name and Address of Currer GOFF, HAROLD GLENN 793 WESTWOOD DR BRANDON, FL 93511	t Registered Agent	Street Addre	7. Name and Address of New Registered Agen OFF, HAROLD GLEN W 235 (P.O. Box Number is Not Acceptable) OFC SC	Zin 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primate name of expirated agent and title 1 applicable. (NOTE: they benefit Agent signature supplied when ministrically) OATE				
Affer May 1, 2003 Fee will be \$550 to Make Check Payable to Florida Departmen	or State		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Bo Added to Fees
10. OFFICERS ANI		11.	ADDITIONS/CHANGES TO OFFICERS AND DIR	
NAME GOFF, HAROLD GLENN STREET ADDRESS CITY-ST-ZP BRANDON, PL 335TT	Delete	NAME STREET ADDRESS F	PTD SOFF, HAROLD BLENN SO BIX 840 ALRICOIFL 33595-089	Change Addition Change Addition Change
TITLE NAME STREET ADDRESS CITY-S1-ZP	□ Delete	STREET ADDRESS	SECRETARY EBECCH J.L. CONTI-GOFF PO BOX 890 UAURICOIFL 33595-08	
TITLE HAME STREET ADDRESS CITY-ST-2P	☐ Delete	TITLE NAME STIRET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-2P	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	Change Addition
TITLE NAME STREET ADDRESS CITY-S1-2P	□ Delete	TIFLE NAME STREET ADDRESS CRY-ST-ZIP	מ	Change Addition
NAME STREET ADDRESS CITY-ST-ZP	C) Delete	TITLE NAME STREET ADDRESS CITY-ST-21P	מ	Change Addition
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: SIGNATURE OF STAND TYPED OR PRINTED NAME OF STANDS OFFICER OR DIRECTOR Day Daysing Prints #				

Attachment 90133598 P9500087874

FROM:

HAROLD GLENN GOFF

DIVERSIFIED AIRBORNE ENTERPRISES, INC.

PO BOX 890

VALRICO, FL 33595-0890

TO:

DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

CORPORATE FILINGS

PO BOX 6327

TALLAHASSEE, FL 32314

SUBJ:

FILING OF UBR FORM

To Whom It May Concern,

Filing of this UBR is being filed after the May 1st date because the form was mailed to the wrong address and the current addressee did not forward the form to me. I realized that the form should have been mailed. After being unable to locate the forms, I acquired the form online and mailed it immediately. I hope this clears up any conflict with the form filing.

Thank you in advance for your consideration and assistance.

Regards,

Same?

Harold Glenn Goff

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