

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090513

1. Entity Name

FLORIDA DIVERSIFIED INSURANCE, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90175 022 ***150.00

Principal Place of Business

944 SW BAYSHORE BLVD
PORT ST LUCIE FL 34983
US

Mailing Address

944 SW BAYSHORE BLVD
2A
PORT ST LUCIE FL 34983-1840
US

2. Principal Place of Business

187 SE Port St Lucie Blvd

3. Mailing Address

187 SE Port St Lucie Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie FL 34984

City & State

Port St Lucie FL 34984

Zip
34984

Country
USA

Zip
34984

Country
USA

4. FEI Number

59-3345427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOWLER, MARGARET E
9209 SEMINOLE BLVD., #112
SEMINOLE FL 34642

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Margaret E Fowler

(NOTE: Registered Agent signature required when reinstating)

DATE

5/3/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FOWLER, MARGARET E
6868 NW JORGENSEN RD
PT ST LUCIE FL 34983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Margaret E Fowler

5/3/00 (561)878-1144

Date

Daytime Phone #

CR2E034 (9/99)