FILED
Jun 19, 2001 8:00 am
Secretary of State
05-22-2001 90029 024 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004838 (A)

1. Entity Name
Diversified Associate South Inc.

7704

[redacted]

Principal Place of Business	Mailing Address
3915 Arnold Ave. Naples, Florida	1329 Narita Lane Naples, Florida 34105-2259

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3915 Arnold Ave.		1329 Narita Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Naples, Florida		City & State: Naples, Florida	
Zip: 34105	Country: USA	Zip: 34105	Country

4. FEI Number: 65-0660914-0001 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Joseph T. Cassidy
1329 Narita Lane
Naples, Fl. 34105

7. Name and Address of New Registered Agent

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 ____________________
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, 2001 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	President Susan J. Cassidy 2658 Mangrove Avenue Naples, Florida 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer ~~Joe Cassidy~~ ~~1329 Narita Lane~~ Naples, Florida 34105	☐ 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
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CR2E034 (11/00)

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: Susan J. Cassidy President