

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90157 033 \*\*\*150.00

0450623

DOCUMENT # P96000035632

1. Entity Name

DIVERSE COMMUNICATIONS, INCORPORATED

Principal Place of Business

RT 3 BOX 1612B  
STARKE FL 32091

Mailing Address

RT 3 BOX 1612B  
STARKE FL 32091

2. Principal Place of Business

RT 3 BOX 1612B

3. Mailing Address

RT 3 BOX 1612B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STARKE, FL 32091

City & State

STARKE, FLORIDA

City & State

STARKE, FL

Zip

32091

Country

BRADFORD

Zip

32091

Country

BRADFORD

4. FEI Number

59-3505890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRIFFIS, DOYCE D  
RT 3 BOX 1612B  
STARKE FL 32091

7. Name and Address of New Registered Agent

Name

GRIFFIS, DOYCE D

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

RT 3 BOX 1612B

City

STARKE

FL

Zip Code  
32091

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NORRIS, ERIC II	
STREET ADDRESS	213 W MIMOSA DR	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	VST	<input type="checkbox"/> Delete
NAME	GRIFFIS, DOYCE D	
STREET ADDRESS	RT 3 BOX 1612B	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRIFFIS, DOYCE D	
STREET ADDRESS	ROUTE 3 BOX 1612 B	
CITY-ST-ZIP	STARKE FL 32091	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)