

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90172 020 \*\*\*150.00

0010697 AV

**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

2261 S.E. 128<sup>th</sup> ST  
Suite, Apt. #, etc.

3. Mailing Address

2261 S.E. 128<sup>th</sup> ST  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
STARKE, FL

City & State  
STARKE, FL

4. FEI Number  
59-3505890

Applied For  
☐ Not Applicable

Zip  
32091

Country  
BRADFORD

Zip  
32091

Country  
BRADFORD

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

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)  
2261 S.E. 128<sup>th</sup> ST  
City  
STARKE FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
GRIFFIS, DOYCE D  
ROUTE 3 BOX 1612 B  
STARKE FL 32091 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GRIFFIS, DOYCE D.  
2261 S.E. 128<sup>th</sup> ST  
STARKE, FL 32091 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOYCE D. GRIFFIS 5/21/03 904 726 042

Date

Daytime Phone #

CR2E034 (10/02)