

2004 FOR PROFIT CORPORATION REINSTATEMENT

05 JUL 22 AM 9:15

RECEIVED
FLORIDA SECRETARY OF STATE

DOCUMENT # P96000056988

1. Entity Name
USA DIVERSIFIED PRODUCTS, INC.



Principal Place of Business
1002 ELIZABETH ST
PUTA GORDA, FL 33950

Mailing Address
1002 ELIZABETH ST
PUTA GORDA, FL 33950

2. Principal Place of Business

3. Mailing Address

P.O. Box 510475

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Punta Gorda, Florida

4. FEI Number
65-0682937

Applied For
Not Applicable

Zip

Country

Zip
33950-0475

Country
USA

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

WISMER, DAVID C
1002 ELIZABETH STREET
PUNTA GORDA, FL 33950

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. 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 January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WISMER, DAVID C
1002 ELIZABETH STREET
PUNTA GORDA, FL 33950 ☐ 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
000058200970
08/03/05--01051--005 ***300.00

TITLE
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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:

David Wismer

5/31/05

941-623-2792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #