

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90056 034 \*\*\*150.00

0084900

**DOCUMENT # P96000085411**

1. Entity Name  
**DISCOVERY DIVERSIFIED ENTERPRISES, INC.**

Principal Place of Business 1799 N HIGHLAND AVE #39V CLEARWATER FL 33755 US	Mailing Address 1799 N HIGHLAND AVE #39V CLEARWATER FL 33755 US
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

2. Principal Place of Business <b>1635 WINDSOR DR</b>	3. Mailing Address <b>1635 WINDSOR DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>CLEARWATER, FL</b>	City & State <b>CLEARWATER, FL</b>	4. FEI Number <b>59-3407607</b>	Applied For <input type="checkbox"/>
Zip <b>33755</b>	Country <b>U.S.A.</b>	5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
			<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>STRUTHERS, LINDA JO 1799 N HIGHLAND AVE 39V CLEARWATER FL 33755</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 LINDA J. STRUTHERS *Linda J. Struthers* 04/06/01  
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	<b>PT STRUTHERS, LINDA JO <del>1799 N HIGHLAND AVE #39V</del> 1635 WINDSOR DR CLEARWATER FL 33755</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS MAYA PLUNKETT <del>1799 N HIGHLAND AVE #39V</del> 1635 WINDSOR DR CLEARWATER FL 33755</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Linda J. Struthers* 04/06/01 (727) 441-9042  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)