

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90286 016 ***150.00

DOCUMENT # P96000085411

1. Entity Name
DISCOVERY DIVERSIFIED ENTERPRISES, INC.

Principal Place of Business

1635 WINDSOR DR
CLEARWATER FL 33755
US

Mailing Address

1635 WINDSOR DR
CLEARWATER FL 33755
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1635 WINDSOR DR.

Suite, Apt. #, etc.

CLEARWATER

CLEARWATER, FL

City & State

Zip

33755

Country

FL

3. Mailing Address

SAME

Suite, Apt. #, etc.

CLEARWATER

CLEARWATER, FL

City & State

Zip

33755

Country

FL

4. FEI Number

59-3407607

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRUTHERS, LINDA JO
1799 N HIGHLAND AVE
39V
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

LINDA J. STRUTHERS

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

1635 WINDSOR DR

City

CLEARWATER

FL

Zip Code

33755

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 *April 29, 2002*

Signature, typed or printed name of registered agent and date 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, 2002 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 **PT** ☐ Delete
NAME **STRUTHERS, LINDA JO**
STREET ADDRESS **1635 WINDSOR DR**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **VPS** ☐ Delete
NAME **MAYA PLUNKETT**
STREET ADDRESS **1635 WINDSOR DR**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Linda J. Struthers *April 29, 2002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)