

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000008859**

1. Entity Name

**DIVERSIFIED ELEVATOR CORPORATION****FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90003 007 \*\*\*550.00

Principal Place of Business

1597 PINE RIDGE ROAD #F  
NAPLES FL 34109

Mailing Address

1597 PINE RIDGE ROAD #F  
NAPLES FL 34109

2. Principal Place of Business

**11780 Sw 51 Court**

Suite, Apt. #, etc.

3. Mailing Address

**11780 SW 51 Court**

Suite, Apt. #, etc.

City &amp; State

**Cooper City Florida**

Zip

**33330**

Country

**USA**

City &amp; State

**Cooper City, Florida**

Zip

**33330**

Country

**USA**

4. FEI Number

**65-0724797**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**TIPTON, JULIE**  
**541 8TH STREET SE**  
**NAPLES FL 34117**

7. Name and Address of New Registered Agent

Name

**Forshaw, John C.**

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

**11780 SW 51 Court**

City

**Cooper City**

FL

Zip Code

**33330**

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

**John C. Forshaw President/treasurer**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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** ☒ Delete  
NAME **TIPTON, JULIE**  
STREET ADDRESS **541 8TH STREET SE**  
CITY-ST-ZIP **NAPLES FL 34117**TITLE **T** ☒ Delete  
NAME **TWARDOKUS, JACK**  
STREET ADDRESS **541 8TH STREET SE**  
CITY-ST-ZIP **NAPLES FL 34117**TITLE **V** ☐ Delete  
NAME **FORSHAW**  
STREET ADDRESS **11780 SW 51 STREET COURT**  
CITY-ST-ZIP **COOPER CITY FL 33330**TITLE **S** ☐ Delete  
NAME **FORSHAW, JOHN**  
STREET ADDRESS **11780 SW 51 STREET COURT**  
CITY-ST-ZIP **COOPER CITY FL 33330**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **V/S** ☒ Change ☐ Addition  
NAME **Forshaw Andrea**  
STREET ADDRESS **11780 SW 51 court**  
CITY-ST-ZIP **Cooper City, Florida 33330**TITLE **P/T** ☒ Change ☐ Addition  
NAME **Forshaw, John C.**  
STREET ADDRESS **11780 SW 51 Court**  
CITY-ST-ZIP **Cooper City, Florida 33330**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 another, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)