

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-16-2003 90042 01T \*\*\*150.00  
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DOCUMENT # P97000023515

1. Entity Name  
D.N.H. DIVERSIFIED, INC.



FILED

03 AUG 18 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

|  |  |
|--|--|
| Principal Place of Business<br>2209 NOVA VILLAGE DRIVE<br>DAVIE FL 33317 | Mailing Address<br>2209 NOVA VILLAGE DRIVE<br>DAVIE FL 33317 |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>65-0733138 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>HORN BROOK, MOISETTE<br>2209 NOVA VILLAGE DRIVE<br>DAVIE FL 33317 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| FILE NOW!!! FEE IS \$550.00<br>After September 10, 2003 Fee will be \$750.00<br>Make Check Payable to Florida Department of State | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>HORN BROOK, MOISETTE<br>2209 NOVA VILLAGE DRIVE<br>DAVIE FL 33317 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>HORN BROOK, DONALD N<br>2209 NOVA VILLAGE DRIVE<br>DAVIE FL 33317 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> 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 or without other like empowered.

SIGNATURE: \_\_\_\_\_ REQUIRED

7-13-03

CR2E034 (4/03)

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## D.N.H. DIVERSIFIED, INC

2209 Nova Village Drive  
Davie, Florida 33317  
1-954-424-7849

August 18, 2003

To Whom it May Concern,

This is the forth time I have tried to pay my UBR report since 4/27/03. The last time my check was sent back to me with a form to be filled out, as well as a letter of extension and returned within 30 days, with a check for \$150.00 check number 2767. I did this the same day I received the notice and sent it back in the mail that was on 5/19/03. I feel the \$400.00 fee should be waived. I have been trying to have this matter resolved for the past four months.

Thank You for Your Attention To this matter



Don Hornbrook