

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042596

1. Entity Name

DIVERSIFIED DESIGN CONSTRUCTION, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90194 035 \*\*\*558.75

Principal Place of Business

1218 NOBLE PLACE  
ORLANDO FL 32801

Mailing Address

1218 NOBLE PLACE  
ORLANDO FL 32810-1901

2. Principal Place of Business

380 AVE E.  
Suite, Apt. #, etc.

3. Mailing Address

380 AVE E.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CHuluora FL

City & State

CHuluora FL

4. FEI Number

59-3458611

Applied For

Not Applicable

Zip

Country

32766

Zip

Country

32766

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOLLMAN, WILLIAM M JR  
1218 NOBLE PLACE  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

DAVID Tollman

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

380 AVE E

City

CHuluora

FL

Zip Code

32766

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

DAVID Tollman

4-29-00

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
POCD  
TOLLMAN, DAVID  
717 JORDAN COURT  
OVIEDO FL 32765

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSTD  
TOLLMAN, WILLIAM  
1218 NOBLE PLACE  
ORLANDO FL 32801

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

DAVID Tollman

4-29-00 (407) 341-0044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)