

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048246

1. Entity Name
D & E DIVERSIFIED SERVICES, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90058 022 ***158.75

Principal Place of Business
14100 68 SR N
LARGO FL 33771

Mailing Address
10846 137TH STREET N.
LARGO FL 33774

610228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		14100 68st N	
City & State		City & State	
Zip		Zip	
Country		Country	
33771		FL	

4. FEI Number	59-3450349	Applied For
		Not Applicable
5. Certificate of Status Desired	X \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOSWIG, DEBORAH L
10846 137TH STREET N.
LARGO FL 33774

7. Name and Address of New Registered Agent

Name

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

City

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.

SIGNATURE _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JOSWIG, DEBORAH L 10346 137TH ST N LARGO FL 33774 <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	VT JOSWIG, ERIC V 10846 137TH ST N LARGO FL 33774 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kabnah R 1/19/01 727-423 8624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)