

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000054956**1. Entity Name  
**DIVERSICOM INCORPORATED**

Principal Place of Business	Mailing Address
8028 OLD CR 54	8028 OLD CR 54
NEW PORT RICHEY FL 34653	NEW PORT RICHEY FL 34653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3453757**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****ROHRET KARIN**  
**5290 SEMINOLE BLVD., STE. F****ST. PETERSBURG**  
**33708** US

FL

**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 \_\_\_\_\_ **01/16/2001**

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	CEOP	<input checked="" type="checkbox"/> Delete
NAME	BETZ JAMES	
STREET ADDRESS	641 PROSPECT AVE SOUTH	
CITY-ST-ZIP	CLEARWATER FL 33756	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NEWSOME DAVID	
STREET ADDRESS	6335 RIVER ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BOONGIORNO MICHELLE	
STREET ADDRESS	8046 NORWICH DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEOP	<input type="checkbox"/> Delete
NAME	BETZ JAMES	
STREET ADDRESS	611 PROSPECT AVE. SOUTH	
CITY-ST-ZIP	CLEARWATER FL 33756	

TITLE	CEOP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETZ JAMES A	
STREET ADDRESS	611 SOUTH PROSPECT AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: JAMES A BETZ**

CEOP

01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)