

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075806

1. Entity Name

DIVERSITY ENTERPRISE OF FLORIDA, INC

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90010 020 ***150.00

Principal Place of Business

Mailing Address

16005 ARMISTEAD LANE
ODESSA FL 33556

16005 ARMISTEAD LANE
ODESSA FL 33556-4708

2. Principal Place of Business

3. Mailing Address

~~8000~~ 17612 Lake Key Dr
Suite, Apt. #, etc.

17612 Lake Key Dr
Suite, Apt. #, etc.

City & State

Odessa, FL

City & State

Odessa, FL

4. FEI Number

593107130

Applied For

Not Applicable

Zip

33556

Country

USA

Zip

33556

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, PHILLIP L
16005 ARMISTEAD LANE
ODESSA FL 33556

Name ~~PH~~ EVANS, Phillip L

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

17612 Lake Key Dr

City Odessa, FL

FL

Zip Code 33556

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 Phillip L Evans
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE R
NAME PHILLIP L EVANS
STREET ADDRESS 1600 S ARMISTEAD LN
CITY-ST-ZIP ODESSA FL 33556 ☒ Delete

TITLE President
NAME PHILLIP L EVANS ☒ Change ☐ Addition
STREET ADDRESS 17612 LAKE KEY DR
CITY-ST-ZIP ODESSA, FL 33556

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 Phillip L Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-00

787-669
7722

CR2E034 (9/99)