

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087094

1. Entity Name

DIVERSIFIED RESOURCES INTERNATIONAL, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90004 022 ***150.00

Principal Place of Business

2666 NORTH MCMULLEN BOOTH ROAD
#1022
CLEARWATER FL 33761

Mailing Address

2666 NORTH MCMULLEN BOOTH ROAD
#1022
CLEARWATER FL 33761

813179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

103 HARBOR DR.

Suite, Apt. #, etc.

3. Mailing Address

103 HARBOR DR.

Suite, Apt. #, etc.

City & State

PALM HARBOR FLORIDA

City & State

PALM HARBOR FLORIDA

4. FEI Number

59-3480632

Applied For

Not Applicable

Zip

34683

Country

Zip

34683

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANG, KAN C
2666 NORTH MCMULLEN BOOTH ROAD
#1022
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name CHANG KAN C.
Street Address (P.O. Box Number is Not Acceptable)
103 HARBOR DR.
City PALM HARBOR FL Zip Code 34683

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CHANG, KAN C	
STREET ADDRESS	419 RIVERVIEW LANE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANG, CELINA	
STREET ADDRESS	419 RIVERVIEW LANE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)