

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90078 020 ***150.00

DOCUMENT # **P97000087094**

1. Entity Name

DIVERSIFIED RESOURCES INTERNATIONAL INC.

DO NOT WRITE IN THIS SPACE

420664

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

FLORIDA

Zip

34683

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KAN CHANG

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

103 HARBOR DR

City

PALM HARBOR

FL

Zip Code

34683

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	KAN CHANG	103 HARBOR DR	PALM HARBOR FL 34683				
VP	CELINA CHANG	103 HARBOR DR	PALM HARBOR FL 34683				

**DO NOT WRITE
IN THIS SPACE**

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 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 #

2/26/2002 813-265-3955

CR2E034B (12/01)