

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009588

1. Entity Name

DIVERSIFIED REMODELING INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90034 015 \*\*\*150.00

Principal Place of Business

Mailing Address

111 NORTH ATLANTIC AVENUE  
NEW SMYRNA BEACH FL 32169

111 NORTH ATLANTIC AVENUE  
NEW SMYRNA BEACH FL 32169-2577

2. Principal Place of Business

3. Mailing Address

1418 Palmetto Street

1418 PALMETTO STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL.

City & State

NEW SMYRNA BEACH, FL. 32168

Zip

32168

Country

USA

Zip

Country

4. FEI Number

59-3489889

Applied For

Not Applicable

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

MORENO, DIANE B.  
111 NORTH ATLANTIC AVENUE  
NEW SMYRNA BEACH FL 32169

Name

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

1418 PALMETTO STREET

City

Newsmyrna Beach

FL

Zip Code

32168

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

DMoreno

DIANE MORENO

4/29/00

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 PT  
NAME MORENO, THOMAS J  
STREET ADDRESS 7750 A1A SOUTH, #121  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SVP  
NAME MORENO, DIANE B.  
STREET ADDRESS 7750 A1A SOUTH, #121  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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CITY-ST-ZIP

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☐ Change

☐ Addition

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☐ 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:

DMoreno SVP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

904 427-8381

Daytime Phone #

CR2E034 (9/99)