

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91341 018 \*\*\*150.00

DOCUMENT # P98000051508

1. Entity Name

DIVERSIFIED EL TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

1531 DREXEL RD., LOT 239  
 WEST PALM BEACH, FL 33417-4240

2. Principal Place of Business

1531 DREXEL RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

LOT 239

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

4. FEJ Number

65-0840320

Applied For

Not Applicable

Zip

33417-4240

Country

USA

Zip

Country

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

Name

SAME

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

N/A

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PRESIDENT	BARBARA LILLEY		
1531-239 DREXEL RD,			
WEST PALM BEACH, FL 33417			
VICE PRESIDENT	GEORGE ROBINS		
723 CONNISTEE RD.			
WEST PALM BEACH, FL 33413			
SECRETARY/TREASURER	MICHAEL MOHANNA		
37 YACHT CLUB DRIVE, APT 102			
NORTH PALM BEACH, FL 33408			

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 lines empowered.

SIGNATURE:

GEORGE L ROBINS 4/27/01 561-848-8896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)