

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90115 012 ***150.00

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P98000078347	
1. Entity Name DIVERSIFIED CONSTRUCTION CONTRACTORS, INC.	

Principal Place of Business P.O. BOX 47085 TAMPA FL 33647	Mailing Address P.O. BOX 47085 TAMPA FL 33647
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-3539233	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MEDLIN, FRANK V JR. 1904 CURRY RD. LUTZ FL 33549

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity hereby certifies that it is authorized to make this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation.
SIGNATURE: <u>NIA</u>
(NOTE: Registered Agent signature required when reinstating)

FILE WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLE: <u>D / President</u> <input type="checkbox"/> Delete
NAME: MEDLIN, FRANK V
STREET ADDRESS: 1904 CURRY RD.
CITY-ST-ZIP: LUTZ FL 33549
TITLE: <input type="checkbox"/> Delete
NAME: <input type="checkbox"/> Delete
STREET ADDRESS: <input type="checkbox"/> Delete
CITY-ST-ZIP: <input type="checkbox"/> Delete
TITLE: <input type="checkbox"/> Delete
NAME: <input type="checkbox"/> Delete
STREET ADDRESS: <input type="checkbox"/> Delete
CITY-ST-ZIP: <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE: <u>SIGNATURE REQUIRED</u>	Date 1/30/03	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (10/02)