

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093437

1. Entity Name

DIESEN, DUFFY, SORCI & ASSOCIATES, INC.



FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90019 050 ***550.00

Principal Place of Business

C/O JEANNE K. DIESEN, PH.D.
1982 STATE ROAD 44, SUITE 203
NEW SMYRNA BEACH FL 32168

Mailing Address

C/O JEANNE K. DIESEN, PH.D.
1982 STATE ROAD 44, SUITE 203
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

3. Mailing Address

1982 STATE RD. 44

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 203

City & State

City & State

NEW SMYRNA BEACH, FL

4. FEI Number 59-3546389

Applied For

Not Applicable

Zip

Country

Zip

Country

32168

USA

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

DIESEN, JEANNE K PH.D.
1982 STATE ROAD 44, SUITE 203
NEW SMYRNA BEACH FL 32168

Name

DIESEN, JEANNE K.

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

1816 N. PENINSULA AVE

City

NEW SMYRNA BEACH

FL

Zip Code

32169

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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 **D** ☐ Delete
NAME **DIESEN, JEANNE K PH.D.**
STREET ADDRESS **1982 STATE ROAD 44, SUITE 203**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **D** ☒ Change ☐ Addition
NAME **DIESEN, JEANNE K.**
STREET ADDRESS **1816 N. PENINSULA AVE**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **V** ☐ Delete
NAME **LEVER-DUFFY, JUDY**
STREET ADDRESS **355 BUTTONWOOD DR**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **SORCI, JOSEPH**
STREET ADDRESS **853 JORDAN AVE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

JOSEPH SORCI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00

Date

407/851-0055

Daytime Phone #

CR2E034 (5/00)