

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90713 017 \*\*\*150.00

0390168 AV

**DOCUMENT # P98000099831**

1. Entity Name

**DIVERSE RECORDS INCORPORATED**



Principal Place of Business  
2771 LONG MEADOW DRIVE  
WELLINGOTN FL 33414

Mailing Address  
2771 LONG MEADOW DRIVE  
WELLINGOTN FL 33414

2. Principal Place of Business

3. Mailing Address

13181 Indian Mound

13833 Wellington Trace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite E4 PMB-308

City & State

City & State

Wellington, FL.

Wellington FL.

Zip  
33414

Country  
USA

Zip  
33414

Country  
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0887096

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

**BARRA, RICHARD K**  
**4400 PGA BLVD, SUITE 800**  
**PALM BEACH GARDENS FL 33410**

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! 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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MIDDLEBROOK, CHRISTOPHER**  
CITY-ST-ZIP **2771 LONG MEADOW DRIVE**  
**WELLINGOTN FL 33414**

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Middlebrook, Christopher**  
CITY-ST-ZIP **13181 Indian Mound**  
**Wellington, FL. 33414**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MIDDLEBROOK, JOHN S**  
CITY-ST-ZIP **2771 LONG MEADOW DRIVE**  
**WELLINGOTN FL 33414**

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Middlebrook, John S**  
CITY-ST-ZIP **13181 Indian Mound**  
**Wellington, FL. 33414**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MIDDLEBROOK, BEVERLY D**  
CITY-ST-ZIP **2771 LONG MEADOW DRIVE**  
**WELLINGOTN FL 33414**

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Middlebrook, Beverly D**  
CITY-ST-ZIP **13181 Indian Mound**  
**Wellington, FL. 33414**

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

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 561 795-0878  
Date Daytime Phone #

CR2E034 (10/02)