

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90503 010 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000101848**

1. Entity Name

DIVERSIFIED SOLUTIONS, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27929 LINCOLN PL

Suite, Apt. #, etc.

3. Mailing Address

27929 LINCOLN PLACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESLEY CHAPEL, FL

City & State

WESLEY CHAPEL, FL

4. FEI Number

59-3544928

Applied For

Not Applicable

Zip

33544

Country

USA

Zip

33544

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **PRATHER LAURA E**

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

101 E. KENNEDY BLVD, STE 2700

City **TAMPA**

FL

Zip Code

33602

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)

January 1st - May 1st Fee is \$150.00
After May 1st Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **D.P.**
NAME **PRATHER, LAURA E**
STREET ADDRESS **27929 LINCOLN PL**
CITY - ST - ZIP **WESLEY CHAPEL, FL 33544**

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA E, PRATHER

Date

4/29/02

Daytime Phone #

CR2E034B (12/01)

2000 UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # P98000101848

1. Entity Name

DIVERSIFIED SOLUTIONS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90039 010 ***150.00

Attachment

Principal Place of Business	Mailing Address
125 15TH AVENUE N.E. ST. PETERSBURG FL 33704	125 15TH AVENUE N.E. ST. PETERSBURG FL 33704-4509

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3544928

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

PRATHER, LAURA E
101 E. KENNEDY BLVD.
SUITE 2700 BARNETT PLAZA
TAMPA FL 33602

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when necessary)

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 \$350.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-STATE-ZIP
	PRATHER, LAURA E	125 15TH AVENUE N.E.	ST. PETERSBURG FL 33704

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-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:

SIGNATURE OF REGISTERED AGENT
LAURA E. PRATHER

Date

Daytime Phone #

CP2004 (\$99)