

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000011702**1. Entity Name  
DIVERSE NETWORKS, INC.

## Principal Place of Business

5317 DIVIDEND DR

DECATUR  
30035

GA

## Mailing Address

5317 DIVIDEND DR

DECATUR  
30035

GA

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

59-3559376

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

GRIMSLEY RAY A  
10000 GATE PKWY N #1021JACKSONVILLE  
32246

US

FL

## 7. Name and Address of New Registered Agent

Name

GRIMSLEY RAY A

Street Address (P.O. Box Number is Not Acceptable)  
11188 TURNBRIDGE DR.City  
JACKSONVILLE

FL

Zip Code  
32256

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 **RAY A. GRIMSLEY****03/19/2001**

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

TITLE P ☐ Delete  
NAME GRIMSLEY RAY  
STREET ADDRESS 1000 GATE PKWY N #1021  
CITY-ST-ZIP JACKSONVILLE FL 32246TITLE P ☒ Change ☐ Addition  
NAME GRIMSLEY RAY  
STREET ADDRESS 11188 TURNBRIDGE DR.  
CITY-ST-ZIP JACKSONVILLE FL 32256TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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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: **Ray A. Grimsley**

Pres

03/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)