

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 12, 2000 8:00 am  
Secretary of State

07-12-2000 90009 018 \*\*\*150.00

DOCUMENT # P99000014024

1. Entity Name  
DIVERSIFIED SENIOR SERVICES, INC.

Principal Place of Business

1002 EWING AVE.  
CLEARWATER FL 33756

Mailing Address

1002 EWING AVE.  
CLEARWATER FL 33756

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

59-3557182

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

MICHAELS, RENEE LCSW  
1002 EWING AVE.  
CLEARWATER FL 33756

Name

Renee Michaels

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

1001 Starkey Rd # 674

City

Largo

FL

Zip Code

33771

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President

Renee Michaels, LCSW  
1001 Starkey Rd # 674  
Largo, FL 33771

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

*Renee Michaels*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/2000  
Date

727-538-0997  
Daytime Phone #

CR2E034 (5/00)

P99000014024

AD0007382

7/7/2000

Department of State  
Division of Corporations  
P.O. Box 1500 Tallahassee, Fl. 32302-1500

From: Diversified Senior Services, Inc.  
FEI:59-3557182  
Re: Date of filing

Dear Division of Corporations;

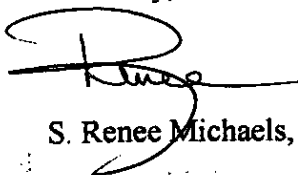
Please be advised that I have just received a second notice of UBR in the mail on the week of 7-5.  
I DID NOT receive a first or original notice at all. Please note that I have sent and paid all prior UBR's in a timely manner when received..

I am asking you to please forgive late fee, as I did not send it back to you through no fault of my own. I do not wish to dissolve my corporation.

I have consulted with my accountant who advised me to let you know of the aforementioned circumstances.

Thank you for your consideration,

Sincerely,



S. Renee Michaels, LCSW

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DIVERSIFIED SENIOR SERVICES, INC.  
1002 EWING AVE.  
CLEARWATER, FL 33756