

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052155

1. Entity Name  
EXCELSIOR DIVERSIFIED SERVICES, INC.

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90013 047 \*\*\*550.00

Principal Place of Business  
~~P.O. Box 89095~~ P.O. Box 3457  
~~TAMPA FL 33689-0401~~ Seminole, FL  
33775-3457

Mailing Address  
~~P.O. Box 89095~~ P.O. Box 3457  
~~TAMPA FL 33689-0401~~ Seminole, FL  
33775-3457



DO NOT WRITE IN THIS SPACE

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 59-3581615

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

SPARKS, DIANA L  
12249 137TH ST NORTH  
LARGO FL 33774

Name

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

City

FL

Zip Code

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 12, 2001 Fee 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SPARKS, DIANA L  
~~P.O. Box 89095~~  
~~TAMPA FL 33689-0401~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
P.O. Box 3457  
Seminole FL 33775-3457

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SPARKS, GEORGE S  
~~P.O. Box 89095~~  
~~TAMPA FL 33689-0401~~

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
P.O. Box 3457  
Seminole FL 33775-3457

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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 REQUIRED

9/11/01 813-335-6533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0122068 AT

CR2E034 (5/01)