

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111648

1. Entity Name

DIVERSIFIED SUBROGATION GROUP, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90027 041 ***150.00

Principal Place of Business

1780 DOYLE ROAD, SUITE 4
DELTONA FL 32725

Mailing Address

1780 DOYLE ROAD, SUITE 4
DELTONA FL 32725

2. Principal Place of Business

3. Mailing Address

3 Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Oak Ridge In

Zip

Country

Zip

37830

Country

Anderson

4. FEI Number

59-3087128

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOWELL, DAVID
1780 DOYLE ROAD, SUITE 4
DELTONA FL 32725

7. Name and Address of New Registered Agent

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

David Dowell DAVID DOWELL

4-12-00

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ZYLL, JOHN VAN	
STREET ADDRESS	1778 DOYLE ROAD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRACY, SCOTT	
STREET ADDRESS	1778 DOYLE ROAD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOWELL, DAVID	
STREET ADDRESS	1780 DOYLE ROAD, SUITE 4	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1780 Doyle Road	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1780 Doyle Road	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

☒ 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:

David Dowell DAVID DOWELL

Date

Daytime Phone #

4-12-00

4076205311

CR2E014 (1/98)