

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V14869

1. Entity Name

DIVERSIFIED HOME MORTGAGE, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90013 017 ***150.00

Principal Place of Business

Mailing Address

~~14502 N. DALE MABRY~~

~~14502 N. DALE MABRY~~

~~SUITE 104~~

~~SUITE 104~~

~~TAMPA FL 33618~~

~~TAMPA FL 33618 2076~~

00000334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3325 W. BEARSS AVE.

3. Mailing Address

3325 W. BEARSS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3107600

Applied For

Not Applicable

Zip

33618

Country

Zip

33618

Country

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

~~DAVIDSON, PEGGY~~

~~14502 N. DALE MABRY HIGHWAY~~

~~SUITE 104~~

TAMPA FL 33618

Name

WILLIAM H. FLOYD, JR.

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

3325 W. BEARSS AVE.

City

TAMPA

FL

Zip Code

33618

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]

WILLIAM H. FLOYD, JR.

1. 24. 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS ☐ Delete
NAME FLOYD, JANE A
STREET ADDRESS 19632 LAKE OSCEOLA LANE
CITY-ST-ZIP ODESSA FL 33556

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME FLOYD, WILLIAM H JR
STREET ADDRESS 19632 LAKE OSCEOLA LANE
CITY-ST-ZIP ODESSA FL 33556

TITLE VP ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. 24. 2000

Date

813.961.3900

Daytime Phone #

CR2E034 (9/93)