

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91225 018 ***150.00

DOCUMENT # V55476

1. Entity Name
DIVERSIFIED TRAFFIC MANAGEMENT, INCORPORATED

Principal Place of Business
3501 SAND DOLLAR CT.
ST. AUGUSTINE FL 32095
US

Mailing Address
3501 SAND DOLLAR CT.
ST. AUGUSTINE FL 32095
US

2. Principal Place of Business
P.O. Box 352123

3. Mailing Address
P.O. Box 352123

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PAUM COAST, FLA.

City & State
PAUM COAST, FLA.

4. FEI Number **59-3134206**

Applied For
Not Applicable

Zip **32135** **Country** **FLAGLER**

Zip **32135** **Country** **FLAGLER**

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

DILLAHAY, EVERETT B
3501 SAND DOLLAR CT.
ST. AUGUSTINE FL 32095

Name **DILLAHAY, EVERETT B.**

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

8 LAKE CHARLES PLACE

City **PAUM COAST, FL** **Zip Code** **32137**

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 *Everett B. Dillahay* **EVERETT B. DILLAHAY VSDPT**

4-26-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSDP	<input type="checkbox"/> Delete
NAME	DILLAHAY, EVERETT B.	
STREET ADDRESS	3501 SAND DOLLAR CT.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DILLAHAY, EVERETT B	
STREET ADDRESS	3501 SAND DOLLAR CT.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Everett B. Dillahay* **EVERETT B. DILLAHAY** **4-26-02** **386-446-2694**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)