2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED DOCUMENT # **P97000002858** May 02, 2000 8:00 am Secretary of State DIVACO, INC. 05-02-2000 90067 035 ***150.00 Principal Place of Business Mailing Address 455 S GULFVIEW BLVD 455 S GULFVIEW BLVD CLEARWATER BEACH FL 33767 CLEARWATER BEACH FL 33767-2508 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3418486 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUNO, MICHAEL L 600 BYPASS DR. S-115 CLEARWATER FL 34624 CITYCLEARNATER 8. The above named entity submits this statement for the purpose of changing its registered office gistered agent, or both, in the State of Florida. (NOTE: Registered Agent sign FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. LIVIA CONTI ☐ Change Delete TITLE CONTI, CAMILLO NAME STREET ADDRESS STREET ADDRESS 455 S GULFVIEW BLVD CLEARWATER, FL 33767 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER BEACH FL 33767 DIAMA, CONTI ☐ Delete NAME NAME 136 BAYSIDE DR. STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33767. VALERIA CONTI Chan CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME 136 BAYSIDE DR STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33767 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.