2000	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT	(UBR
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2000 UNIFORM BUSINESS REPORT (UBR)										
DOCUMENT # P98000044951										
Divers	Diversified Service Options, Inc.						FILED			
	-n						00 MAR -7 PM 1: 34			
Principal Plac			Mailing Address				SECRETARY OF STATE			
532 Riv		Avenue Florida 32202					TAEEAHASSEE, FLORIDA			
oucc.	,						,			
5 D: : 15										
2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number   Applied For   59-3514333   Not Applicable					
Zip		Country	Zip Count		itry		5 Certificate of Status Desired Status Resired	Additional		
	6. Name and Address of Current Registered Agent		<del></del>	Fee Required  7. Name and Address of New Registered Agent			rirea			
William	A. Sch	wennesen			Name					
4800 De	erwood	Campus Parkway			Street Address (P.O. Box Number is Not Acceptable)					
Jackson	ville,	Florida 32246	-8273							
					City		<b>⊏</b> I Zip C	ode		
							FL			
8. The above	named entity	submyts this statement for	the purpose of changing its	registere	ed office or	registere	ed agent, or both, in the State of Florida.			
SIGNATURE .	hulh	or printed name of registered agent ar		,			2-15-00			
			Batalanakan mananan mananingkan makan	ere galar marrien sa	Participation of the	him ankishistoria.	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!! F  After MAY 1, 2000  Make Check Payable t				0 Fee	will be \$5	50.00	Trust Fund Contribution	.00 May Be ded to Fees		
11.		OFFICERS AND D	DIRECTORS	12.	Charle (Newsons) and	- Party of the State of the Sta	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS IN 11		
TITLE NAME	S	m A. Schwennes	☐ Delete	TITLE		P/Cl	EO □ Chanq tis W. Lord	e 🔲 Addition		
STREET ADDRESS		eerwood Campus			ET ADDRESS	532 Riverside Avenue				
CITY-ST-ZIP		nville, FL 32		CITY	- ST- ZIP	Jacksonville, FL 32202				
TITLE	C	ark Cranthan	☐ Delete	TITLE		T	☐ Chang	e 🗌 Addition		
NAME STREET ADDRESS	4800 D	eph Grantham eerwood Campus	Parkway 100-8	NAMI STRE	E ET ADDRESS		hael Davis Riverside Avenue			
CITY-ST-ZIP		nville, FL 32			-ST-ZIP	Jacksonville, FL 32202				
TITLE	D		☐ Delete	TITLE	: [		☐ Chang	e 🔲 Addition		
NAME STREET ADDRESS		is Doerr	Parkway 100-8	NAMI	E Et address		000003170290	15		
CITY-ST-ZIP	4800 Deerwood Campus Parkway 100-8 Jacksonville, FL 32246-8273				-ST-ZIP		-03/14/0001135-			
TITLE	D Delete			TITLE			****150.00 **** □ Chang	e Addition		
NAME	Dorcas R. Hardy, Work Recovery, Inc.									
STREET ADDRESS   CITY-ST-ZIP	s 11407 Stonewall Jackson Drive Spotsylvania, Virginia 22553				ET ADDRESS - ST-ZIP					
TITLE	D	ivania, viigin	Delete	TITLE	-			e Addition		
NAME	Guy Marvin			NAM						
STREET ADDRESS	,,,,,,,,,,,				ET ADDRESS					
CITY-ST-ZIP	Jacksonville, 12 Jazio				-ST-ZIP		<u>الله مدين</u>			
TITLE NAME	D Byron	N. Thompson, J	□ Delete r.	NAME			☐ Chang	e Addition		
STREET ADDRESS					ET ADDRESS			or		
CITY-ST-ZIP	Jacksonville, 18 J2207									
indicated	on this repor	t or supplemental report is t	rue and accurate and that m	y signat	ure shall ha	ave the s	ction 119.07(3)(i), Florida Statutes. I further certify that th same legal effect as if made under oath; that I am an offic , Florida Statutes; and that my name appears in Block 1:	er or director		

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2-16-00 Date

Daytime Phone #