2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F06872 Mar 30, 2000 8:00 am **Secretary of State** DIVERSIFIED ENGINEERING INTERNATIONAL, INCORPORA 03-30-2000 90034 003 ***158.75 Principal Place of Business Mailing Address 5378 RIVERVIEW DRIVE 5378 RIVERVIEW DRIVE ST. AUGUSTINE FL 32084-7235 ST. AUGUSTINE FL 32084 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2048743 Not Applicable 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 Name HUBERT, JERZY Z. Street Address (P.O. Box Number is Not Acceptable) 8018 DEGAS COURT JACKSONVILLE FL 32277 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TIT! F TITLE DRYGAS, THOMAS C.J. NAME NAME 5378 RIVERVIEW PRIVE STREET ADDRESS 4368 FERN CREEK DRIVE STREET ADDRESS CITY-ST-ZIP ST Augustine, F1 32084 JACKSONVILLE FL CITY-ST-ZIP ☐ Addition Change □ Delete TITLE TITLE NAME DRYGAS, NOELLE D.D. NAME 5378 RIVERVIEW DRIVE STREET ADDRESS STREET ADDRESS 1741 TRELLIS DR. ST. AUGNOTINE FI 32084 CITY-ST-ZIP CITY-ST-ZIP ROCK HILL SC Delete TITLE ☐ Change ☐ Addition TITLE NAME HUBERT, JERZY Z NAME STREET ADDRESS STREET ADDRESS 8018 DEGAS COURT CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SCHOOL OF THE PLANE OF THE PLA

4/15/00 (904) 461-6666

CR2E034 (9/9)