2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-30-2003 90131 047 ***150.00 DOCUMENT #F06872 1. Entity Name DIVERSIFIED ENGINEERING INTERNATIONAL INCORPORATED Principal Place of Business Mailing Address 5378 RIVERVIEW DRIVE 5378 RIVERVIEW DRIVE ST AUGUSTINE, FL 32080 ST AUGUSTINE, FL 32080 IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2048743 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 Name HÜBERT, JERZY Z omas) L 1 Street Address (P.O. Box Number Is Not Acceptable) 8018 DEGAS COURT JACKSONVILLE, FL 32277 City Zip Code 32080 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. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) FILE NOWIT FEE IS \$150 00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 3R2E034 (10/02) TITLE ☐ Addition ☐ Delete TITLE Change DRYGAS, THOMAS C.J. NAME MAME **5378 RIVERVIEW DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL 32080 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete □ Change NAME DRYGAS, NOELLE D.D. STREET ADDRESS 5378 RIVERVIEW DR STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL 32080 CITY-ST-ZIP TITLE Addition ☐ Delete ☐ Change NAME HUBERT, JERZY Z NAME STREET ADDRESS **8018 DEGAS COURT** STREET ADDRESS C11Y-51-2P JACKSONVILLE, FL 32277 CITY-ST-ZIP TITLE Engineering Delete TITLE ☐ Change ■ Addition ar1es STREET ADDRESS STREET ADDRESS CITY-ST-ZP COY-ST-ZIP TITLE Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-51-2P CITY-ST-ZIP TITLE Addition Delete 11116 ☐ Change NAME NAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 empanered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address I other like empowered. OFFICER OR DIRECTOR Daytime Phone 6

FILED

Apr 30, 2003 8:00 am Secretary of State