2000 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2000 8:00 am Secretary of State **DOCUMENT # F34578** 1. Entity Name DIVITO & HIGHAM, P.A. 04-27-2000 90071 005 ***150.00 Mailing Address Principal Place of Business % FREDERICK A HIGHAM, JR ~ FREDERICK A HIGHAM. JR 4514 CENTRAL AVENUE : CENTRAL AVENUE ST PETERSBURG FL 33711-1041 F PETERSBURG FL 33711 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2092578 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HIGHAM, FREDERICK A., JR Street Address (P.O. Box Number is Not Acceptable) **4514 CENTRAL AVENUE** ST PETERSBURG FL 33711 Zip Code City statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits FREDERICK A High jam, JN led name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax fitting 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 11. CR2E034 (9/99) Change ☐ Addition ☐ Delete TITLE TITLE DIVITO, JOHN J NAME NAME STREET ADDRESS 13300 IND ROCKS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 00000 ☐ Addition Change ☐ Delete TITLE TITLE NAME DIVITO, JOSEPH A NAME STREET ADDRESS 4514 CENTRAL AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SAINT PETERSBURG FL 33711 ☐ Change Addition STVD ☐ Delete TITLE TITLE HIGHAM, FREDERICK A NAME STREET ADDRESS STREET ADDRESS 4514 CENTRAL AVE CITY-ST-71P CITY-ST-ZIP SAINT PETERSBURG FL 33711 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling poes 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 effect into empowered.

Frederich A. Highmy, JA.

SIGNATURE:

FILED