2001 UNIFORM BUSINESS REPORT (UBR)

May 07, 2001 8:00 am Secretary of State DOCUMENT # F9600003815 DIVARIS NATIONAL OF FLORIDA, INC. 05-07-2001 90041 038 ***150.00 Principal Place of Business Mailing Address ONE COLUMBUS CENTER, SUITE 700 ONE COLUMBUS CENTER. SUITE 700 /irginia Beach va 23462 VIRGINIA BEACH VA 23462 80048263 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 54-1792845 Not Applicable Zip Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARLTON, FIELDS, ET AL, P.A. Street Address (P.O. Box Number is Not Acceptable) ATTN: MICHAEL J. VIRGADAMO, ESQ. 777 S. HARBOUR ISLAND BLVD. **TAMPA FL 33602** City Zip Code 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, 2001 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME DIVARIS, GERALD S NAME STREET ADDRESS STREET ADDRESS 700 ONE COLUMBUS CENTER CITY-ST-ZIP CITY-ST-ZIP VIRGINIA BEACH VA 23462 Delete TITLE Change Addition TITLE DIVARIS, MICHAEL B NAME NAME STREET ADDRESS STREET ADDRESS 700 ONE COLUMBUS CENTER CITY-ST-ZIP CITY-ST-ZIP VIRGINIA BEACH VA 23462 TITLE TITLE ☐ Change Addition ☐ Delete COHEN, SANFORD M NAME NAME STREET ADDRESS STREET ADDRESS 700 ONE COLUMBUS CENTER CITY-ST-ZIP CITY-ST-ZIP VIRGINIA BEACH VA 23462 TITLE Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete - Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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 trusted 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 the empowered.

SIGNATURE:

E OF SIGNING OFFICER OR DIRECTOR

4,27.01 757.497.213

FILED