## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # J49606** Apr 07, 2000 8:00 am Secretary of State DIVERSIFIED PROPERTY MANAGEMENT OF BREVARD, INC. 04-07-2000 90016 043 \*\*\*150.00 Principal Place of Business Mailing Address 1608 SUNNY BROOK LANE 107 NE 1608 SUNNY BROOK LANE 107 NE PALM BAY FL 32905 PALM BAY FL 32905 $\mathbf{v} \cdot \mathbf{v} \cdot \mathbf{v} \cdot \mathbf{v} \cdot \mathbf{v} \cdot \mathbf{v}$ 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 59-2751016 Not Applicable Zip Country Zip 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 JARVI, BRADLEY Street Address (P.O. Box Number is Not Acceptable) 4785 QUAIL RUN PLACE **MERBOURNE FL 32904** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILÊ NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so 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. 12. ☐ Addition TITLE ☐ Delete TITLE **BUCHWEITZ, MARK** NAME NAME STREET ADDRESS STREET ADDRESS 1608 SUNNYBROOK LANE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL ☐ Change Addition TITLE Delete TITLE NAME NAME MELTON, VIDA STREET ADDRESS STREET ADDRESS 1608 SUNNYBROOK LANE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL ☐ D∈ lete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition 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 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 appears, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Defete

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

STREET ADDRESS

4/4/00 321-957-064/

☐ Change

☐ Addition