2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

YPED OR PRINTED NAME OF SIGN

DOCUMENT # P93000024984 Apr 25, 2000 8:00 am Secretary of State DIAMOND A BETA, INC. 04-25-2000 90023 009 ***150.00 Principal Place of Business Mailing Address C/O ROBERT D. ROYSTON, JR., ESQ. 3654 CLEVELAND AVE. 12670 NEW BRITTANY BLVD., SUITE 101 FT. MYERS FL 33901 FT. MYERS FL 33907-3650 LIS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0399751 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required --7.-Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent --Name ROYSTON, ROBERT D., JR. Street Address (P.O. Box Number is Not Acceptable) COSTELLO, SIMS & ROYSTON 12670 NEW BRITTANY BLVD., #101 FORT MYERS FL 33907 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DSTP Change ☐ Addition ☐ Delete TITLE TITLE MARTIN, ROGER J NAME NAME 13450 PONDEROSA WAY 3654 cleveland Ave. 3654 Cleveland Avenue STREET ADDRESS STREET ADDRESS FORT MYERS FL 33967 33901 CITY-ST-ZIP CITY-ST-ZIP Fort Myers, FL 33901 Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 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