2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am Secretary of State **DOCUMENT #** P95000015737 1. Entity Name 04-22-2002 90209 047 ***150.00 DIVERSE INDUSTRIES, INC. Principal Place of Business Mailing Address 5331 COMMERCIAL WAY, UNIT 112 5331 COMMERCIAL WAY, UNIT 112 SPRING HILL FL 34606 SPRING HILL FL 34606 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 65-0573899 Not Applicable Zip Zip Country 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 THOMSON, GARY Street Address (P.O. Box Number is Not Acceptable) 9208 TARLETON CIR. WEEKI WACHEE FL 34613 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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. TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME THOMSON, GARY NAME STREET ADDRESS 9208 TARLETON CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEEKI WACHEE FL 34613 Delete TITLE Change ☐ Addition NAME NAME Thomson, Philip STREET ADDRESS STREET ADDRESS 9457 RUBY FALLS COURT CITY-ST-ZIP CITY-ST-ZIP WEEKI WACHEE FL 34613 TITLE-□ Delete □ TITLE: - - Change ■ Addition NAME THOMSON, JOAN NAME STREET ADDRESS STREET ADDRESS 9208 TARLETON CIR. CITY-ST-ZIP CITY-ST-7IP WEEKI WACHEE FL 34613 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 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 like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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352-597-075

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