FILED 2000 UNIFORM BUSINESS REPORT (UBR) Sep 13, 2000 8:00 am Secretary of State DOCUMENT # P9800006397 FAMILY DIVE, INC. 09-13-2000 90021 040 ***550.00 Principal Place of Business Mailing Address 3014 CORTER RD W 711 128TH STREET NE 00085811 STE 2 **BRADENTON FL 34202 BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address 3014 Costez Rd W CORTEZRI W 3014 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0807685 BRAden ton BRAGED TOD Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANKS, CHARLES M Street Address (P.Q. Box Number is Not Acceptable) 711-128 ST NE **BRADENTON FL 34202** Zip Code City 8. The above named entity Fox ant for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or print ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12, PSD ☐ Addition TITLE ☐ Delete TITLE ☐ Change FRANKS, CHARLES M NAME NAME STREET ADDRESS STREET ADDRESS 711 128TH STREET NE CITY-ST-ZIF CITY-ST-ZIP BRADENTON FL 34202 VTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition FRANKS, CHERYL A NAME STREET ADDRESS STREET ADDRESS 711 128TH STREET NE CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** TITLE TITLE Change Addition Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIME Change ☐ Addition 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-7IP 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 ceth; 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 addition with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

CR2E034 (5/00)