FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State

05-27-2002 90503 010 ***150 00

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| DOCUMENT # <i>P98000101848</i> 1. Entity Name | / | | |
| DIVERSIPED SOLUTIONS, INC | e | : | |
| waterstand to be the country and the two tensor indicated to be the country of th | Arra (Calaba II. Arra Calaba (F. Calaba II. Calaba II. Calaba III. Calaba III. Calaba III. Calaba III. Calaba I | : | |
| DO NOT WRITE IN THIS SP | ACE | | |
| Principal Place of Business 3 Mailing Address | | | |
| 37939 L/NOUN PL 37939 L/NO Suite, Apt. *, etc. Suite. Apt. *, etc. | OLN PLACE | DO NOT WRITE IN THIS SPACE | |
| WESLEY CHAYEL, A WESLEY CH | APEL, FL | 59-354 4928 Not A | ed For pplicable |
| 375544 Country ICA 33544 | Country SA | 5. Certificate of Status Desired \$8.75 Additional Fee Required | onal |
| | | 7. Name and Address of Current Registered Agent | |
| POWER WORL | Name PRA | THER LAURA E | |
| DO NOT WRITE Streety Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Streety Address (P.O. Box Number is Not Acceptable) STE 2700 | | | |
| | City—TAN | IPA FL PSY | 27 |
| B. The above named entity submits this statement for the purpose of changing its rule. | egistered office or register | | |
| SIGNATURE | ogistaroo cinico ar regiona | -5-11 | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: | Registered Agent signature required | d when reinstating) DATE | |
| 9. This corporation is eligible to satisfy its intangible After May 1 | ys) (2:36555000) , (2:015555000) (0:381356125 3(5)0:39:40131(6)(5)5 | 10. Election Campaign Financing \$5.00 Added to | |
| 11. OFFICERS AND DIRECTORS | SHELD IN APPROX | | <u> </u> |
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Attachment 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT #/P98000101848 May 08, 2000 8:00 am **Secretary of State** DIVERSIFIED SOLUTIONS, INC. 05-08-2000 90039 010 ***150.00 Attachment Principal Place of Business Mailing Address 125 15TH AVENUE N.E. ST. PETERSBURG FL 33704 125 15TH AVENUE N.E. ST. PETERSBURG PL 33704-4509 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable City & State City & State 4. FEI Number 59-3544928 \$8.75 Additional Fee Required Zio Country Zip Country П 5. Certificate of Status Desired ... Name and Address of New Registered Agent PRATHER, LAURA E Street Address (P.O. Box Number is Not Acceptable 101 E. KENNEDY BLVD. SUITE 2700 BARNETT PLAZA **TAMPA FL 33602** 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 requestred agent and life if applicable. (NOTE: Registered Agent signature required when re-9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing \$5.00 May Be Added to Fees Tax filing requirement and elects to do so. (See criteris on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition MLE TED F PRATHER, LAURA E 125 15TH AVENUE N.E. STREET ADDRESS STREET ACCRESS CITY-ST-ZP ST. PETERSBURG FL 33704 CITY-ST-ZP Delete TITLE Change Addition MLE MALAF STREET ADDRESS STREET ADDRESS CITY-57-71 CITY-ST-ZIP ☐ Addition Change TITLE TITLE STREET ADDRESS STREET ANYMESS CITY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Addition Debete TILE MILE NAME STREET ADDRESS STREET ADORES CITY-ST-ZP CITY-ST-ZIP TitLE Change Addition ☐ Delete MILE HAME STREET ADDRESS CITY-ST-ZIP CITY+SI-72P Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZP 13. I hereby certify that the information supplied with the filling does not qualify for the exemption stated in Section 119.07(3)(i). Floride Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate part training supplemental report or supplemental report is true and accurate part training supplemental report or director of the corporation or the repeate or frustee employed to execute this report as required by Chapter 807, Floride Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE: AVAA_E_PRATHEX