2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000061603 Apr 17, 2000 8:00 am 1. Entity Name Secretary of State DIVERSIFIED COMMUNICATIONS, INC. 04-17-2000 90016 040 ***150.00 Principal Place of Business Mailing Address 308 13TH STREET.WEST 308 13TH STREET.WEST **BRADENTON FL 34205-7538 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address 431 OH Wain St Old Main Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name WILCOX, DAVID W ESQ. Street Address (P.O. Box Number is Not Acceptable) 308 13TH STREET.WEST **BRADENTON FL 34205** 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 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 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 11. OFFICERS AND DIRECTORS 12. Chairman - President - Director - Change Delete TITLE TITLE WILCOX, DAVID W NAME TOM NOLAN NAME 431 OLD MAINST, STE D STREET ADDRESS STREET ADDRESS 308 13TH STREET, WEST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** RADENTON, TITLE ☐ Change Addition ☐ Delete TITLE NAME rances Cardinale NAME STREET ADDRESS STREET ADDRESS 31 OLD MAINST, Stell CITY-ST-ZIP CITY-ST-ZIP <u>Scadenton</u> ☐ Change Addition ☐ Delete TITLE NAME NAME 431 old Mainst, SteD STREET ADDRESS STREET ADDRESS Bradenton, FL34205 CITY - ST- ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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-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 changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: