2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED DOCUMENT # P99000063427 Mar 27, 2000 8:00 am Secretary of State DIVERSIFIED CALEDONIA, INC. 03-27-2000 90099 032 ***150.00 Principal Place of Business Mailing Address P.O. BOX 1355 P.O. BOX 1355 BOCA GRANDE FL 33921 BOCA GRANDE FL 33921-1355 2. Principal Place of Business 3. Mailing Address 981 KIDGEWOOD HUENUE HUENUE KIDGE WOOD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SuitE 105 SUITE 105 Applied For 4. FEI Number 65-0935848 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BETTERTON BETTERTON, GREG A Street Address (P.O. Box Number is Not Acceptable) 909 S. TAMIAMI TRAIL NOKOMIS FL 34275 OFEWOOD 4VENUE DUITE 101 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 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. D ☐ Addition TITLE TITLE ☐ Delete KELLEY, BAND KELLEY, BRAD NAME NAME 1600 JEAN LATITE DRIVE STREET ADDRESS 1600 LEAN LAFITTE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA GRANDE FL 33921** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 owered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. 13. I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee emp changed, or on an attachment with an address