

Jan 07, 2004 08:00 AM **DOCUMENT # J14055** Secretary of State U S 1 SCUBA, INC. Principal Place of Business Mailing Address 15 NORTH FEDERAL HIGHWAY 15 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 01052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2667911 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PALLOTTA, PETER DO NOT WRITE 15 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TIBLE PALLOTTA, PETER NAME 15 NORTH FEDERAL HIGHWAY STREET ADDRESS POMPANO BEACH, FL 33062 C/TY-ST-7/9 000000000212 01/07/04-80012-019 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS C11Y-S7-Z3P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. 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, if further certify that the information indicated on this report or suppliemental 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 specific true are trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS City-St-Zip

SIGNATURE AND TYPED ON PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

954 946 6055

FILED