

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90073 031 ***150.00

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DOCUMENT # K92800

1. Entity Name
DIVE SHOP II, INC.

Principal Place of Business Mailing Address

% CAROL B. HAIGHT. P.A. **700 CASA LOMA BLVD.**
700 CASA LOMA BLVD. **C/O W. SCOTT MCCLARY**
BOYNTON BEACH FL 33435 **BOYNTON BEACH FL 33435**



2. Principal Place of Business 3. Mailing Address

Dive Shop II, Inc. *L. D. SAND*

Suite, Apt. #, etc. Suite, Apt. #, etc.

700 Casa Loma Blvd *4627 Dolphin Dr.*

City & State City & State

Boynton Beach, Florida *Lake Worth, Florida*

Zip Country Zip Country

33435 *USA* *33463-8118* *USA*

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCLARY, W. SCOTT
700 CASA LOMA BLVD.
BOYNTON BEACH FL 33435

4. FEI Number Applied For

65-0126565 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 *L. D. SAND* *[Signature]* *4/15/02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

7. Name and Address of New Registered Agent

Name *L. D. SAND*

Street Address (P.O. Box Number is Not Acceptable)
4627 Dolphin Dr.

City *Boynton Lake Worth, FL* Zip Code *33463*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MCCLARY, W. SCOTT	
STREET ADDRESS	700 CASALOMA BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCCLARY, LYNN S	
STREET ADDRESS	700 CASALOMA BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President CEO, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	L. D. SAND	
STREET ADDRESS	4627 Dolphin Dr.	
CITY-ST-ZIP	Lake Worth, Florida 33463	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy Kelly	
STREET ADDRESS	4627 Dolphin Dr.	
CITY-ST-ZIP	Lake Worth, Florida 33463	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Doug Floyd	
STREET ADDRESS	1810 New Palm way; #414	
CITY-ST-ZIP	Boynton Beach, Florida 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *[Signature]* *L. D. SAND; President* *4/15/2002* *561-734-3818*

Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)