

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90257 001 ***300.00

DOCUMENT # P00000114977

1. Entity Name
FLORIDA DIVE TRAINING, INC.

Principal Place of Business Mailing Address
16430 76TH TRAIL N 16430 76TH TRAIL N
PALM BCH GARDENS FL 33418 PALM BCH GARDENS FL 33418

38944



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
17781 SE FEDERAL Hwy 17781 SE FEDERAL Hwy
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TEQUESTA, FLORIDA TEQUESTA, FL
 Zip Country Zip Country
33469 USA 33469 USA

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TYAN, THOMAS F
16430 76TH TRAIL N
PALM BCH GARDENS FL 33418

7. Name and Address of New Registered Agent
 Name **RYAN, THOMAS F.**
 Street Address (P.O.-Box Number is Not Acceptable)
17781 SE FEDERAL HIGHWAY
 City **TEQUESTA** FL Zip Code **33469**

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 **4/11/01**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 PRESIDENT <input type="checkbox"/> Delete	NAME DAVID COWAN
STREET ADDRESS 17781 SE FEDERAL HWY	
CITY-ST-ZIP TEQUESTA, FL 33469	
TITLE VICE PRESIDENT <input type="checkbox"/> Delete	NAME ROB STEARN
STREET ADDRESS 17781 SE FEDERAL HWY	
CITY-ST-ZIP TEQUESTA, FL 33469	
TITLE SECRETARY / TREASURER <input type="checkbox"/> Delete	NAME THOMAS F. RYAN
STREET ADDRESS 17781 SE FEDERAL HWY	
CITY-ST-ZIP TEQUESTA, FL 33469	
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Date **16 Apr 01** Daytime Phone # **561-762-4448**
DAVID COWAN, PRESIDENT

CR2E034 (10/00)