

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


2/2

FILED
Mar 20, 2003 8:00 am
Secretary of State

02-25-2003 90126 042 ***158.75

DOCUMENT # P02000131915

1. Entity Name
ORLANDO SCUBA CENTER II, INC.



Principal Place of Business
**2219 EAST COLONIAL DRIVE
ORLANDO FL 32803**

Mailing Address
**1076 KESINGTON PARK COURT
UNIT 101
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2219 EAST COLONIAL DR.
Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32803

Country
USA

Zip
32803

Country
USA

8. Name and Address of Current Registered Agent
**BADALI, DAVID
907 STATE ROAD 436
CASTLEBERRY FL 33145**

4. FEI Number
13-4226779 Applied For
58-12-194960-20-8 Not Applicable

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

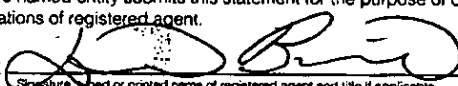
7. Name and Address of New Registered Agent

Name

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

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **2-20-03**

(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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTALVO, FABIAN JR 2219 EAST COLONIAL DRIVE ORLANDO FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DUNAYE, KIMBERLY 2219 EAST COLONIAL DRIVE ORLANDO FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  DATE **(407)896-4541**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)