FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 03, 2000 8:00 am Secretary of State OCUMENT # P96000101480 **Entity Name** ABC DIVING INC. 05-03-2000 90055 008 ***150.00 iliicipal Place of Business Mailing Address 5037 NW 3 TERRACE NW 3 TERRACE - RATON FL 33431 **BOCA RATON FL 33426-3006** Principal Place of Business 3. Mailing Address 1206 NW 10 1206 NW 1054 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0713737 royaton Bch Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Phenson - Kicha STEPHENSON, RICHARD R JR Street Address (P.O. Box Number is Not Acceptable) 5037 NW 3 TERRACE **BOCA RATON FL 33431** FL 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. LINATURE 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 FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 ☐ Addition Delete K Change Stephenson, Robard R 51 STEPHENSON, RICHARD R JR 1206 NW 10St TREET ANDRESS STREET ADDRESS 5037 NW 3 TERRACE Bornton Bch Fl 33426 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431 M** Change Delete TITLE Addition Stephenson, Sharp STEPHENSON, SHARON NAME STREET ADDRESS TREET ADDRESS 5037 NW 3 TERRACE Bornen Ech FL 33426 CITY-ST-ZIP TT ST ZIP **BOCA RATON FL 33431** ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change Change NAME IAME STREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE AME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP 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: _

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