

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90090 014 ***550.00

DOCUMENT # P99000103595

1. Entity Name
MERIDIAN DIVERS OFFSHORE SCUBA CHARTERS, INC. ✓

Principal Place of Business Mailing Address
 10131-17 SAN JOSE BLVD 10131-17 SAN JOSE BLVD
 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257

2. Principal Place of Business 3. Mailing Address
Meridian Divers Inc. **Meridian Divers**
 Suite, Apt. #, etc. **14603 Beach Blvd.**
Suite 200 14603 Beach Blvd. **Suite 200**

City & State City & State
Jacksonville, Florida **Jacksonville, Fl.**
 Zip Country Zip Country
32250 **USA.** **32250** **USA.**

4. FEI Number Applied For
59-3603014 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANCHEZ-SALAZAR, BARBARA L
4948 GLOADE HILL STREET
JACKSONVILLE FL 32257

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.

SIGNATURE _____ DATE _____
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. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, KENNETH R	NAME	
STREET ADDRESS	2454 JOSE CIRCLE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217-3549	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORE, ANGELO	NAME	
STREET ADDRESS	1902 AZALEA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32250	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-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: **SANCHEZ-SALAZAR, BARBARA L**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00 92-0184
Date Daytime Phone #

CR2E034 (5/00)