

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 241655

1. Entity Name

DIVERS TRAINING ACADEMY, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90006 030 ***150.00

Principal Place of Business

Mailing Address

6744 OLD DRIXIE HWY
FT. PIERCE FL 34946
US

745 36TH AVENUE
VERO BEACH 32968-1223

2. Principal Place of Business

6745 Old Dixie Hwy

3. Mailing Address

Suite, Apt. #, etc.

Ft. Pierce, Fla

Suite, Apt. #, etc.

City & State

34946

US

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0930922

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEY, ALICE
745 36TH AVE
VERO BEACH FL 32968

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRS
NAME FEY, ALICE
STREET ADDRESS 745 36TH AVE
CITY-ST-ZIP VERO BEACH, FL 00000

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TITLE
NAME
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TITLE D
NAME FEY, ALICE
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☐ Change

☐ Addition

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:

Alfred J. Fey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/2000 561-5678931

CR2E034 (9/99)