

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State
 02-09-2001 90206 011 ***150.00

DOCUMENT # 419100

1. Entity Name

DIVERS UNLIMITED, INC.

Principal Place of Business

6023 HOLLYWOOD BLVD.
 HOLLYWOOD FL 33024-7935

Mailing Address

6023 HOLLYWOOD BLVD.
 HOLLYWOOD FL 33024-7935

2. Principal Place of Business

10191 Pines Blvd.

3. Mailing Address

10191 Pines Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33026

Country

USA

Zip

33026

Country

USA

4. FEI Number

59-1482031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURNSTEIN, MYRON H.
 1720 HARRISON ST.
 HOLLYWOOD FL 33020**

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

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) ☐

**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 **PD** ☐ Delete
 NAME **INMAN, DAVE**
 STREET ADDRESS **6023 HOLLYWOOD BLVD.**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **SD** ☐ Delete
 NAME **GILCHRIST, COLLEEN**
 STREET ADDRESS **6023 HOLLYWOOD BLVD.**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☐ Delete
 NAME **BURNSTEIN, MYRON H.**
 STREET ADDRESS **1720 HARRISON STREET**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10191 Pines Blvd.**
 CITY-ST-ZIP **Pembroke Pines, FL 33026**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10191 Pines Blvd.**
 CITY-ST-ZIP **Pembroke Pines, FL 33026**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dave Inman / President

02/01/2001

954-430-3483

CR2E034 (10/00)