2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003
Secretary of State

DOCUMENT# 419100

Entity Name: DIVERS UNLIMITED, INC.

Current Principal Place of Business:

10191 PINES BLVD
PEMBROKE PINES, FL 33026

New Principal Place of Business:

7685 PINES BLVD
PEMBROKE PINES, FL 33024

Current Mailing Address:

10191 PINES BLVD
PEMBROKE PINES, FL 33026

New Mailing Address:

7685 PINES BLVD
PEMBROKE PINES, FL 33024

FEI Number: 59-1482031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: INMAN, DAVE,
Address: 10191 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SD ( ) Delete
Name: GILCHRIST, COLLEEN,
Address: 10191 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete
Name: BURNSTEIN, MYRON H.,
Address: 1720 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: INMAN, DAVE,
Address: 7685 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD (X) Change ( ) Addition
Name: GILCHRIST, COLLEEN,
Address: 7685 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE INMAN PD 04/17/2003

Electronic Signature of Signing Officer or Director — Date