

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90130 023 ***150.00

DOCUMENT # 475414

1. Entity Name
PROFESSIONAL DIVING SCHOOLS OF FLORIDA, INC.

Principal Place of Business

**515 SEABREEZE BLVD
 FT LAUDERDALE FL 33316**

Mailing Address

**515 SEABREEZE BLVD
 FT LAUDERDALE FL 33316**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1591501**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MACKAY, GREGORY R
 515 SEABREEZE BLVD
 FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name **CHRISTOPHER D. NILES**
 Street Address (P.O. Box Number is Not Acceptable) **2601 EAST OAKLAND PARK BLVD.**
SUITE 400
 City **FT. LAUD.** FL Zip **33306**

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

4/30/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MACKAY-KISLEVITZ, KATHRYN	
STREET ADDRESS	190 CEDAR STREET	
CITY-ST-ZIP	ENGLEWOOD NJ 07631	
TITLE	M	<input type="checkbox"/> Delete
NAME	HUDSON, JOHN	
STREET ADDRESS	1000 RIVER REACH ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KREITLER, JOHN	
STREET ADDRESS	38 SLOPE DR.	
CITY-ST-ZIP	SHORTHILLS NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Hudson	
STREET ADDRESS	1000 River Reach Dr. #519	
CITY-ST-ZIP	FT. Land FL 33315	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JOHN HUDSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 **9547613413**
 Date Daytime Phone #

CR2E034 (9/01)