

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 482733

1. Entity Name

OCEAN DIVERS, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90042 042 ***150.00

Principal Place of Business

522 CARIBBEAN DR.
KEY LARGO FL 33037
US

Mailing Address

522 CARIBBEAN DR
522 CARIBBEAN DR
KEY LARGO FL 33037-4342
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1616398

59-1613698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKMEYER, KARL
88539 OVERSEAS HWY.
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name

JOE M. CLARK

Street Address (P.O. Box Number is Not Acceptable)

522 CARIBBEAN DR.

KEY LARGO

City

FL

Zip Code

33037

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]

JOE M. CLARK STD

2/2/00

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, 2000 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
NAME SCHWEINLER, ROBERT D.
STREET ADDRESS 522 CARIBBEAN DR.
CITY-ST-ZIP KEY LARGO FL

☐ Delete

TITLE STD
NAME CLARK, JOE M.
STREET ADDRESS 522 CARIBBEAN DR.
CITY-ST-ZIP KEY LARGO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ 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:

[Signature] JOE M. CLARK

2/2/00

305 451-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)