

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90326 004 ***158.75

DOCUMENT # 509132

1. Entity Name
THE DIVING LOCKER CHARTER SERVICES, INC.



Principal Place of Business
**BAYSIDE MARKET PLACE
401 BISCAYNE BLVD. #15
MIAMI, FL 33132 US**

Mailing Address
**BAYSIDE MARKET PLACE
401 BISCAYNE BLVD. #15
MIAMI, FL 33132 US**

11000047



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

BAYSIDE MARKET PLACE
Suite, Apt. #, etc.
401 BISC. Blvd #15
City & State
MIAMI, FL
Zip
33132 Country
USA

3. Mailing Address

BLUE WATERS
Suite, Apt. #, etc.
1470 NE 123RD #114
City & State
N MIAMI
Zip
33161 Country
USA

4. FEI Number
59-2535427

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GLINSKY, EILEEN
1470 NE 123RD ST #114
N. MIAMI, FL 33161**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Eileen Glinsky

4/28/03

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$660.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GLINSKY, EILEEN	1470 NE 123RD ST #114	N. MIAMI, FL 33161	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eileen Glinsky **EILEEN GLINSKY**

4/28/03

305-333-7921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)