

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90311 039 ****61.25

DOCUMENT # 765628

1. Entity Name

CENTRAL FLORIDA PLEASURE DIVERS, INC.

Principal Place of Business

Mailing Address

P O BOX 53689
ORLANDO FL 32853
US

P O BOX 53689
ORLANDO FL 32853
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

59-2452485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENWELL, EDMUND S
450 LONGWOOD HILLS ROAD
LONGWOOD FL 32750

Name: ED LANGSTON
Street Address (P.O. Box Number is Not Acceptable)
500 E. HWY 436
SUITE 16
City: CASSELBERRY FL Zip Code 32707

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WASSELL, TOM
STREET ADDRESS 4136 WATERVIEW LOOP
CITY-ST-ZIP WINTER PARK FL 32792 ☒ Delete

TITLE PD
NAME ED LANGSTON
STREET ADDRESS 500 E. HWY. 436, SUITE 16
CITY-ST-ZIP CASSELBERRY, FL 32707 ☒ Change ☐ Addition

TITLE VD
NAME MERENDA, CHRIS
STREET ADDRESS 16033 KEALAN CIRCLE
CITY-ST-ZIP MONTVERDE FL 34756 ☒ Delete

TITLE VD
NAME DEBORAH SCOTT
STREET ADDRESS 849 S WYNDRE RD APT. 23B
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 ☐ Change ☒ Addition

TITLE SD
NAME LANGSTON, ED
STREET ADDRESS 301 PINEWILD CT
CITY-ST-ZIP ORLANDO FL 32828 ☒ Delete

TITLE SD
NAME DONNA LITTLE
STREET ADDRESS 2633 NUMILLA DR.
CITY-ST-ZIP ORLANDO FL 32839 ☐ Change ☒ Addition

TITLE TD
NAME CRUSE, MICHAEL
STREET ADDRESS 1002 SOLDIER CREEK COURT
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE D
NAME TOM WASSELL
STREET ADDRESS 4136 WATERVIEW LOOP
CITY-ST-ZIP WINTER SPRINGS, FL 32792 ☒ Change ☐ Addition

TITLE D
NAME ZOECKLEIN, DON
STREET ADDRESS 4422 FOX HOLLOW CIRCLE
CITY-ST-ZIP CASSELBERRY FL 32707 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 617, 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:

Michael A. Cruse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2002 407-351-5100

Date

Daytime Phone #

0095112

CR2E037 (9/01)