FILED

Apr 16, 200	0 2 8: 00 an
Secretary	of State

04-16-2002 90159 010 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

F0000001952

1. Entity Name

LT DIVING SERVICES, INC.

Principal Place of Business

DOCUMENT #

Mailing Address

KEY LARGO F	SEAS HWY, PMB 918" FL 33037	KEY LARGO FL 33037	. PMD 310			L MARINES UNI BRINI SONI PRINI BRINI BRINI (DEN TOURL ERIE	{ 		
Principal Place of Business 3. Mailing Address					-					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE I	N THIS SP	ACE			
City & Stat	e	City & State			4. 1	4. FEI Number 88-0453290 Applied For Not Applicable				
Zip	Zip Country Zip		Country	Country		Certificate of Status Desired		\$2.75 Additional		
	6. Name and Address of Current	 Registered Agent			7. 1	Name and Address of New Reg				
-		- 1 1 Tai - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Name,			-	-		
SEELEY, 1	WARREN T		\vdash	Street Address (P.O. Box Number is Not Acceptable)						
	BO LIMBO DR.			Sileet Addi	ress (F.O. L	sox Number is Not Acceptable)				
KEY LARG	GO FL 33037									
				City			FL	Zip Code	e	
O The share	named entity submits this statement fo	the surges of changing it			aistarad aa	ant or both in the State of Florid				
ø. ⊤ne above	anamed entity submits this statement to	r the purpose of changing is	s regisierea	office or re	gistered ag	ent, or both, in the State of Florid	a.		İ	
CICNIATUDE								,		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered A	gent signature r	equired when re	einstating)	DATE			
9 This corn	oration is eligible to satisfy its Intangible	FILE NOW	'!!! FEE IS	\$150.00					_	
	requirement and elects to do so.	After May 1, 20			.00	 Election Campaign Finance Trust Fund Contribution. 	cing	\$5.0	May Be I to Fees	
(See crite	ria on back)	Make Check Paya	ble to Dep	artment of	f State	()dst) dna Contribution.		Added	110 1-662	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	RS AND D	RECTORS	S IN 11	
TITLE	PC	☐ Delete	TITLE				្រ	Change	Addition \	
NAME	SEELEY, WARREN T		NAME						Į	
STREET ADDRESS CITY-ST-ZIP	139 GUMBO LIMBO DR. KEY LARGO FL 33037		CITY-ST	ADDRESS						
			_	1-711				7 Change	Addition	
TITLE NAME	SVC BOUFFARD, LORILYNN	☐ Delete	TITLE NAME]			L	Change	☐ Addition	
STREET ADDRESS	139 GUMBO LIMBO DR.			ADDRESS					}	
CITY-ST-ZIP	KEY LARGO FL 33037		CITY-ST	r-ZIP					ĺ	
TITLE	The state of the s	Delete	THTLE					Change	Addition	
NAME	r general en la juli en la		^ NAME **	- -						
STREET ADDRESS				ADDRESS					{	
CITY-ST-ZIP			CITY-ST	T-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAME						l	
STREET ADDRESS CITY-ST-ZIP			CITY-ST	ADDRESS					}	
			_			F-802-7	г	☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME				L	Change	☐ Addition	
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			CITY-ST						ļ	
TITLE		Delete	TITLE			· · · · ·		Change	Addition	
NAME			NAME				_	•		
STREET ADDRESS			STREET	ADDRESS		•			ĺ	

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 impowered 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.

CITY-ST-ZIP

SIGNATURE:

174 X 17 X 17 X 1 X 12 X 2 X X X X X X ATUREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 A/L 2002

Daytime Phone #