2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am § Secretary of State DOCUMENT # F93927 1. Entity Name 05-06-2002 90286 017 ***158.75 JIM'S DIVE SCHOOL, INC. Principal Place of Business Mailing Address % JAMES B. FENTRESS. JR. % JAMES B. FENTRESS, JR. 9385-C BAYPINES BLVD. 9385-C BAYPINES BLVD. ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2298984 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FENTRESS, JAMES B., JR. Street Address (P.O. Box Number is Not Acceptable) 9385-C BAYPINES BLVD. ST. PETERSBURG FL 33708 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE. ☐ Change ☐ Addition FENTRESS, JAMES B., JR NAME NAME STREET ADDRESS 9385-C BAYPINES BLVD. STREET ADDRESS CITY-ST-ZIE ST. PETERSBURG FL CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME FENTRESS, JAMES B., JR NAME STREET ADDRESS 9385-C BAYPINES BLVD. STREET ADDRESS CITY-ST-ZIP-ST-PETERSBURG: FL---CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 requiremental 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 requiremental 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 requiremental 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 requiremental 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 requiremental 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 requiremental report is true and accurate and that my signature shall have the same legal effect as if made under oath; the corporation of the report is true and accurate and that my signature shall have the same legal effect as if made under oath; the corporation of the report is true and accurate and that my signature shall have the same legal effect as if made under oath; the corporation of the report is true and accurate and that my signature shall have the same legal effect as if made under oath; the corporation of the report is true and that my signature shall have the same legal effect as if made under oath; the corporation of the report is true and that my signature shall have the same legal effect as if made under oath; the corporatio changed, or on an attachment with an address, with all other like

CITY-ST-ZIP

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF

4/20/02 727-393-3483 Date Daytime Phone #

FILED