# F9500000001

THOMAS J. WOOLLEY, JR.

PROFESSIONAL ASSOCIATION
FIRST FINANCIAL PLAZA, SUITE 408
639 EAST OCEAN AVENUE

BOYNTON BEACH, FLORIDA 33435

MAILING ADDRESS: POST OFFICE DRAWER JJ BOYNTON BEACH, FLORIDA 33425

November 17, 1998

- TELEPHONE (561) 737 - 4818 TELECOPIER (561) 737 - 4819

Secretary of State DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, FL 32314

Re: Undersea Breathing Systems, Inc.

Dear Sir/Madam:

Enclosed kindly find the Statement of Change for the Registered Agent for the above-referenced corporation, together with my check in the amount of \$35.00 representing the filing fee. Please send an acknowledgement of filing to this office.

If you need any additional information, please do not hesitate to contact my office.

Sincerely.

100002691201--5 -11/19/98--01029--010 . ... \*\*\*\*\*35.00 \*\*\*\*\*35.00

THOMAS J. WOOLLEY, JR.

TJW/slr

Enclosures

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#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 24, 1998

THOMAS J. WOOLLEY, JR. 639 EAST OCEAN DR. SUITE 408 BOYNTON BEACH, FL 33435

SUBJECT: UNDERSEA BREATHING SYSTEMS, INC.

Ref. Number: F95000000101

We have received your document for UNDERSEA BREATHING SYSTEMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson Corporate Specialist

Letter Number: 598A00056313



LAW OFFICES

#### THOMAS J. WOOLLEY, JR.

PROFESSIONAL ASSOCIATION
FIRST FINANCIAL PLAZA, SUITE 408
639 EAST OCEAN AVENUE
BOYNTON BEACH, FLORIDA 33435

MAILING ADDRESS: POST OFFICE DRAWER JJ BOYNTON BEACH, FLORIDA 33425 TELEPHONE (561) 737- 4818 TELECOPIER (561) 737- 4819

December 2, 1998

Secretary of State DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, FL 32314

Re: Undersea Breathing Systems, Inc.

Dear Sir/Madam:

Enclosed kindly find the corrected Statement of Change for the Registered Agent as referenced in your correspondence of November 24, 1998 (copy enclosed).

Please send an acknowledgement of filing to this office.

Sincerely,

THOMAS J. WOOLLEY, JR.

TJW/slr

Enclosures

### Elorida Department of State, Sandra B. Mortham, Secretary of State

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

undersigned cor	e provisions of sections 607.0 poration organized under the	laws of the State of	Nevada	
submits the foll State of Florida	lowing statement in order to c 1.	change its registered off	ice or registered	agent, or both, in the
1. The name of	the corporation is:Unders	ea Breathing System	s, Inc.	
2. The mailing	address of the corporation is:	3599 - 23rd Aven	ue, South, Un	it 9
		Lake Worth, Flor	ida 33461	
,				2.0
	poration/qualification:Janu d address of the current regist		ument number:	F95000000101
	mili m-1-	-		ECRET B NOV
		"-	3	30 F
	3599 - 23rd Avenue Sō.	<b>,</b> #9		
	Lake Worth, FL 33461	· <u> </u>	<del> </del>	- C 00 U
5. The name an	d address of the new registere	ed agent and office: (P.C	. Box Not Acce	<b>呼</b> 5
	Thomas J. Woolley, Jr	., Esquire		
	639 E. Ocean Ave., Su	ite 408		
	Boynton Beach, FT, 334	35		
The street addragent, as chang	ess of its registered office and ed, will be identical.	the street address of the	e business office	of its registered
Such change was authorized by the	as authorized by resolution du he board.	aly adopted by its board	of directors or b	y an officer so
Mittle	ull Date		16 1/2	-98
(Signature of an of	icer, chairman of vice chairman of t	he board)	(Date)	
William	H. Delp II, President	ted or typed name and title)		
Having heen n			ees for the above	va stated comporation
I hereby accept comply with the and I am famili	amed as registered agent and the appointment as registere e provisions of all statutes rel iar with and accept the obliga	nd accept service of pro d agent and agree to ac- ative to the proper and a ation of my position as r	cess for the abo t in this capacity complete perfort egistered agent.	nance of my duties,
			11/1/90	· · · ·
(Signatur	e of Registered Agent)		(Date)	
If signing on be	ehalf of an entity:			
(Typed o	r Printed Name)		(Capacity)	

**FILING FEE: \$35.00** 

CR2E045(1/95)