

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002562

1. Entity Name

~~DIVING SYSTEMS INTERNATIONAL, INCORPORATED~~  
Kinby Morgan Dive Systems, Inc.  
(see ATTACHED)



FILED

03 AUG 11 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
425 GARDEN ST  
SANTA BARBARA CA 93101

Mailing Address  
425 GARDEN ST  
SANTA BARBARA CA 93101

Kinby Morgan Dive Systems, Inc.

2. Principal Place of Business

425 GARDEN

3. Mailing Address

425 GARDEN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANTA BARBARA CA

City & State

SANTA BARBARA CA

Zip  
93101

Country  
USA

Zip  
93101

Country  
USA

4. FEI Number

95-2482954

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

TURBEVILLE, WILLIAM J. II.

750 SO DIXIE HWY  
BOCA RATON FL 33432

1806 S. Ocean Blvd  
Delray Beach FL  
33483

Name SAME

Street Address (P.O. Box Number is Not Acceptable)  
1806 South Ocean Blvd

City

Delray Beach

FL

Zip Code

33483

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST MORGAN, WILLIAM B 425 GARDEN ST SANTA BARBARA CA 93101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUSHNER, STEVEN M 5755 VIA MARGARITA SANTA MARIA CA 93455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORGAN, CONNIE L 425 GARDEN STREET SANTA BARBARA CA 93101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	800022216718 08/11/03--01004--012 ***150.00	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

*Signature* RES STEVE KUSHNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

(805) 965-8538

Daytime Phone #

CR2E034 (10/02)