

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002243

1. Entity Name

FLORIDA KEYS DIVING, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90061 018 ***150.00

Principal Place of Business 14 ANDROS KEY LARGO FL 33037	Mailing Address P.O. BOX 242 KEY LARGO FL 33037-0242
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2. Principal Place of Business 140 Indian Ave. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Tavernier, FL	City & State
Zip 33070	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWENKE, JENNIFER E 14 ANDROS KEY LARGO FL 33037	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 140 Indian Ave. City Tavernier FL Zip Code 33070

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 JENNIFER E. SCHWENKE Jennifer E. Schwenske 2-16-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWENKE, JENNIFER E		STREET ADDRESS 140 Indian Ave.	
STREET ADDRESS 14 ANDROS		CITY-ST-ZIP Tavernier, FL 33070	
CITY-ST-ZIP KEY LARGO FL 33037			
TITLE S	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWENKE, JASON		STREET ADDRESS 140 Indian Ave	
STREET ADDRESS 14 ANDROS		CITY-ST-ZIP Tavernier, FL, 33070	
CITY-ST-ZIP KEY LARGO FL 33037			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 receiver or trustee empowered 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.

SIGNATURE: JENNIFER E. SCHWENKE Jennifer E. Schwenske 305 852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 02/16/00 0382

CR2E034 (9/99)