2001 UNIFORM BUSINESS REPORT (UBR) May 07, 2001 8:00 am Secretary of State **DOCUMENT # G47450** 1. Entity Name COASTAL MARINE DIVING SUPPLIES, INC. 05-07-2001 90054 032 ***150.00 Mailing Address Principal Place of Business C/O EDWARD REGEL C/O EDWARD REGEL 641 E. DANA BCH. BLVD. 641 E DANA BCH. BLVD. DANIA FL 33004 HOLLYWOOD FL 33004 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2373170 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REGEL, EDWARD Street Address (P.O. Box Number is Not Acceptable) 641 E DANIA BCH. BLVD. DANIA FL 33004 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition DP ☐ Delete TITLE TITLE NAME NAME REGEL, EDWARD STREET ADDRESS STREET ADDRESS 1004 NORTH OCEAN DR CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD, FL 00000 ☐ Change ☐ Addition TITLE TITLE DP ☐ Delete NAME NAME HALL, MARIE STREET ADDRESS STREET ADDRESS 1420 HOLLYWOOD BLVD. CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE __ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIR OR DIRECTO

4-25-01

Daytime Phone #