

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90071 043 ***150.00

DOCUMENT # H18558

1. Entity Name

SCHURGER DIVING & SALVAGE, INC.

Principal Place of Business

Mailing Address

**3300 NW NORTH RIVER DR.
MIAMI FL 33142
US**

**3300 NW NORTH RIVER DR
MIAMI FL 33142-6322
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2477120**

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

**DAVE MCDONALD, SR., P.A.
1393 S.W. 1ST STREET, SUITE 200
MIAMI FL 33135**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Bruce Schurger

04/15/00

(Signature, typed or printed name of registered agent and title, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SCHURGER, BRUCE
3300 NW NO RIVER
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
AL ABDALLAH, MANUEL
1670 ORCHID BEND
WESTON FL 33327** ☐ Change ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SCHURGER, RONALD P
7441 SW 158TH TERRACE
MIAMI FL 33142** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DM
SCHURGER, RONALD P
7441 SW 158TH TERRACE
MIAMI FL 33142** ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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:

MANUEL AL ABDALLAH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/00

Date

305-638-1096

Daytime Phone #