

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H31038

1. Entity Name

ADVENTURE SCUBA, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90104 022 \*\*\*150.00

Principal Place of Business

150 N US HWY 1  
TEQUESTA FL 33469

Mailing Address

150 N US HWY 1  
TEQUESTA FL 33469-2723

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

59-2467230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LARSEN, LEIGH A.  
2800 SE DOWNWINDS RD  
JUPITER FL 33478

7. Name and Address of New Registered Agent

Name

LEIGH A. LARSEN

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

8295 SW 48th AVE

City

PALM CITY

FL

Zip Code

34990

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

*Leigh Larsen* LEIGH LARSEN VICE PRES/SECR 2/11/2000

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

TITLE VSD  
NAME LARSEN, LEIGH A.  
STREET ADDRESS 2800 SE DOWNWINDS RD  
CITY-ST-ZIP JUPITER FL ☐ Delete

TITLE PD  
NAME LARSEN, JOHN R.  
STREET ADDRESS 2800 SE DOWNWINDS RD  
CITY-ST-ZIP JUPITER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VSD  
NAME LARSEN, LEIGH A. ☒ Change ☐ Addition  
STREET ADDRESS 8295 SW 48th AVE  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE PD  
NAME LARSEN, JOHN R. ☒ Change ☐ Addition  
STREET ADDRESS 8295 SW 48th AVE  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Leigh Larsen* LEIGH LARSEN 2/11/2000 (561) 746-1555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRP-034 (9/99)