

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90057 039 ***150.00

DOCUMENT # H81451
 1. Entity Name **PEZROK, INC, F/K/A**
UNDERWATER EXPLORERS-DIVING-CENTER, INC.

Principal Place of Business Mailing Address
 12600 MCGREGOR BLVD. 12600 MCGREGOR BLVD.
 FORT MYERS FL 33919 FORT MYERS FL 33919-4441
 1955 SE 37th Street. 1955 SE 37th Street
 Cape Coral, FL 33904 Cape Coral, FL 33904-5076

2. Principal Place of Business 3. Mailing Address
 1955 SE 37th Street 1955 SE 37th St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Cape Coral, FL Cape Coral, FL
 City & State City & State

Zip Country Zip Country
 33904 USA 33904 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-6489527** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KORZEP, EDWARD F.
12600 MCGREGOR BLVD.
FORT MYERS FL 33919

7. Name and Address of New Registered Agent
 Name **Korzep, Edward F.**
 Street Address (P.O. Box Number is Not Acceptable)
1955 SE 37th Street
 City **Cape Coral** FL Zip Code **33904**

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 *[Signature]* DATE **2-1-00**
 Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

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	T	<input type="checkbox"/> Delete
NAME	KORZEP, DEANA L.	
STREET ADDRESS	12600 MCGREGOR BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KORZEP, EDWARD F.	
STREET ADDRESS	12600 MCGREGOR BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KORZEP, MICHAEL E	
STREET ADDRESS	12600 MCGREGOR BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deana Korzep	
STREET ADDRESS	1955 SE 37th St.	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	VICE Pres. & SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mr Edward F Korzep	
STREET ADDRESS	1955 SE 37th St	
CITY-ST-ZIP	Cape Coral, FL 33904-5076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* **Deana L. Korzep** 3/1/00 941-542-6419
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)