2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H91074

1. Entity Name

SEA DIVER, INC.

Principal Place of Business

Mailing Address

PANAMA CITY MARINA PIER 8 SLIP 24 PANAMA CITY FL 32401-2428 7815 LAIRD ST PANAMA CITY BEACH FL 32408-7807

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May 15, 2000 8:00 am Secretary of State

05-15-2000 90263 013 ***150.00

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State 59-2635390 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent

MCLENDON, JERRY 7815 LAIRD STREET PANAMA CITY BCH FL 32408

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is No	ot Acceptable)	
City	FL	Zip Code
		<u> </u>

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, 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

Applied For

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDT ☐ Change ☐ Addition TITLE ☐ Delete TITLE PEREZ, GEORGE NAME NAME STREET ADDRESS 121 WALNUT DRIVE STREET ADDRESS CITY-ST-ZIP **ENTERPRISE AL 36360** CITY-ST-7iP Change Addition ☐ Delete TITLE NAME ADAMS, R.C. (ROY) STREET ADDRESS STREET ADDRESS 218 MEADOW LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP **OZARK AL 36360** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

erez 28 APR 2000 334-774-3483