

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90119 023 ***550.00

DOCUMENT # H98584

1. Entity Name

DIVEMASTER GUIDE AND TOUR SERVICE, INC.

Principal Place of Business

Mailing Address

**206 LOVELL LANE
P.O. BOX 1867
APOPKA FL 32703**

**206 LOVELL LANE
P.O. BOX 1867
APOPKA FL 32703**

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

59-2518991

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

**KENNEDY, PATRICK J.
206 LOVELL LANE
APOPKA FL 32703**

Name **Kennedy, Debra A**

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

206 Lovell Ln

City **Apopka**

FL

Zip Code **32703**

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

Debra A Kennedy

Signature, typed or printed name of registered agent and title if applicable.

(Note: Registered Agent signature required when reinstating)

DATE

7/9/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PSD** ☒ Delete
NAME **KENNEDY, PATRICK J.**
STREET ADDRESS **206 LOVELL LANE**
CITY-ST-ZIP **APOPKA FL**

TITLE **PSD** ☐ Change ☐ Addition
NAME **Kennedy, Debra**
STREET ADDRESS **206 Lovell Ln**
CITY-ST-ZIP **Apopka FL**

TITLE **ST** ☐ Delete
NAME **KENNEDY, DEBRA**
STREET ADDRESS **206 LOVELL LANE**
CITY-ST-ZIP **APOPKA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Debra A Kennedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PSD

7/9/01

Date

Daytime Phone #

407 889 8714

0007370 AV

CR2E034 (5/01)