

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H98584

FILED  
Aug 20, 2003  
Secretary of State

**Entity Name:** DIVEMASTER GUIDE AND TOUR SERVICE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2518991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENNEDY, DEBRA A  
206 LOVELL LANE  
APOPKA, FL 32703

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: KENNEDY, DEBRA  
Address: 206 LOVEL LANE  
City-St-Zip: APOPKA, FL 32703

Title: ST ( ) Delete  
Name: KENNEDY, DEBRA,  
Address: 206 LOVELL LANE  
City-St-Zip: APOPKA, FL 32703

Title: C ( ) Delete  
Name: RYAN, ERICA  
Address: 5463 43RD WAY  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA KENNEDY

PSD

08/20/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date