2002 UNIFORM BUSINESS REPORT (UBR)

J13606 **DOCUMENT #** 1. Entity Name B & K DIVING SYSTEMS, INC.

Principal Place of Business 614 PECAN: PARK RD. 112 WEST ADAMS STREET

JACKSONVILLE FL: 32218

Mailing Address

P. O. BOX 17445

112 WEST ADAMS STREET JACKSONVILLE FL 32245

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

FILED
Jan 31, 2002 8:00 am
Secretary of State
01-31-2002 90009 041 ***150.00



				• • •						
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. F	El Number 59-2689119		<u> </u>	oplied For ot Applicable		
Zip		Country	Zíp	Country	5 . 0	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name	and Address of Current R	egistered Agent		7. N	lame and Address of New Regis	tered A	gent		
				Name	Name					
MANESS, WILLIAM H			Street Address (P.O. Box Number is Not Acceptable)							
112 WEST ADAMS STREET										
										
JACKSON	VILLE FL 32	202								
				City	City FL Zip Cod					
8. The above	named entity	submits this statement for	the purpose of changing its	registered office or regis	stered ago	ent, 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										
to the component of grand to the many t			! FEE IS \$150.00 2 Fee will be \$550.0 le to Department of S		Election Campaign Financi Trust Fund Contribution.	ng 🔲		May Be		
11.		OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICER	S AND I	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N, GERALD S. MENTS WOODS LANE VILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N, BARBARA MENTS WOODS LANE VILLE FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCH, KA 2023 BISH JACKSON	OP ESTATES ROAD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ De/ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	

13. I hereby certify that the information supplied with this filling 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.