

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90183 019 ***150.00

DOCUMENT # J13606

1. Entity Name
B & K DIVING SYSTEMS, INC.



Principal Place of Business

**614 PECAN PARK RD.
112 WEST ADAMS STREET
JACKSONVILLE FL 32218
US**

Mailing Address

**P. O. BOX 17445
112 WEST ADAMS STREET
JACKSONVILLE FL 32245
US**

2. Principal Place of Business

P.O. Box 17445

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 17445

Suite, Apt. #, etc.

City & State

Jacksonville, Fla.

City & State

Jacksonville, Fla.

Zip

32245

Country

USA

Zip

32245

Country

USA

4. FEI Number

59-2689119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANESS, WILLIAM H
112 WEST ADAMS STREET
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BRADBURN, GERALD S.**
STREET ADDRESS **1328 CLEMENTS WOODS LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DS** ☐ Delete
NAME **BRADBURN, BARBARA**
STREET ADDRESS **1328 CLEMENTS WOODS LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete
NAME **KOCH, KATHRYN A.**
STREET ADDRESS **2023 BISHOP ESTATES ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Bradburn, Gerald S.**
STREET ADDRESS **112 West Adams St., Suite 808**
CITY-ST-ZIP **Jacksonville, Fla. 32202**

TITLE **DS** ☒ Change ☐ Addition
NAME **Bradburn, Barbara**
STREET ADDRESS **112 West Adams St., Suite 808**
CITY-ST-ZIP **Jacksonville, Fla. 32202**

TITLE **D** ☒ Change ☐ Addition
NAME **Koch, Kathryn A.**
STREET ADDRESS **112 West Adams St., Suite 808**
CITY-ST-ZIP **Jacksonville, Fla. 32202**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

(904) 727-9580

Daytime Phone #

CR2E034 (10/02)