

# J36897

PELICAN DOCKSIDE DIVING  
3116 N. FEDERAL HWY # 264  
LIGHTHOUSE POINT FL.  
33064

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

FILED  
99 JUN 11 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

600002875296--6  
-05/14/99--01049--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

R.A. Change

\*789, 614, 706, 671\*  
6-18-99



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 20, 1999

PELICAN DOCKSIDE DIVING SERVICE, INC.  
3116 N. Federal Hwy., #264  
Lighthouse Point, FL 33064

SUBJECT: PELICAN DOCKSIDE DIVING SERVICE, INC.  
Ref. Number: J36897

We have received your document for PELICAN DOCKSIDE DIVING SERVICE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson  
Corporate Specialist Supervisor

Letter Number: 799A00028130

CHANGED

RECEIVED  
JUN 11 11:12:31  
DIVISION OF CORPORATIONS



Florida Department of State, Jim Smith, Secretary of State

FILED

99 JUN 11 PM 2:31

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Pelican Dockside Diving Service, Inc.

1a. Date of incorporation 10/6/86 Document number J36897

2. The name and address of the present registered agent and office:

Parker, Debra A.

713 N.E. 3rd. Ave., Ft. Lauderdale, FL 33304

3. The name and address of the successor registered agent and office:  
(P. O. BOX NOT ACCEPTABLE)

Stanley Krason Jr.

3116 N. Federal Highway # 264 Lighthouse Point, FL 33064

The address of its registered agent and the address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors.

Stanley Krason, Jr.

SIGNATURE

(President or Vice President)

DATE

5-11-99

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

Stanley Krason Jr.

SIGNATURE

(Registered Agent)

DATE

5-11-99

FILING FEE: <sup>35</sup> \$29.00