

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90158 040 ***150.00

03/07/12 AV

DOCUMENT # J76517

1. Entity Name

NEAL WATSON'S UNDERSEA ADVENTURES, INC.



Principal Place of Business

1525 S ANDREWS AVE

STE 219

FT. LAUDERDALE FL 33316

US

Mailing Address

P.O. BOX 21766

FT. LAUDERDALE FL 33335

US

2. Principal Place of Business

2101 S. ANDREWS AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite # 201

City & State

City & State

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33316

US

4. FEI Number 65-0002561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WATSON, NEAL

1525 S ANDREWS AVE

STE 219

FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

NEAL WATSON

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

2101 S. ANDREWS AVENUE

SUITE # 201

City

FT. LAUDERDALE

FL

Zip Code

33316

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.

NEAL WATSON

(NOTE: Registered Agent signature required when reinstating)

4/28/03

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DA
WATSON, NEAL
1543 S.W. 24TH STREET
FT. LAUDERDALE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
WATSON, DEBRA BETH
1111 SW 129 WAY
DAVIE FL 33325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NEAL WATSON

Date

Daytime Phone #

4/28/03 (954) 462-3400

CR2E034 (10/02)