

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90073 031 \*\*\*150.00

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**DOCUMENT # K92800**

1. Entity Name  
**DIVE SHOP II, INC.**

Principal Place of Business

% CAROL B. HAIGHT, P.A.  
 700 CASA LOMA BLVD.  
 BOYNTON BEACH FL 33435

Mailing Address

700 CASA LOMA BLVD.  
 C/O W. SCOTT MCCLARY  
 BOYNTON BEACH FL 33435



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*Dive Shop II, Inc.*

Suite, Apt. #, etc.  
*700 Casa Loma Blvd*

City & State  
*Boynton Beach, Florida*

Zip  
*33435*

Country  
*USA*

3. Mailing Address

*L.D. SAND*

Suite, Apt. #, etc.  
*4627 Dolphin Dr.*

City & State  
*Lake Worth, Florida*

Zip  
*33463-8118*

Country  
*USA*

4. FEI Number

**65-0126565**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MCCLARY, W. SCOTT  
 700 CASA LOMA BLVD.  
 BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name *L.D. SAND*

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

*4627 Dolphin Dr.*

City *Boynton Lake Worth, FL*

Zip Code  
*33463*

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.

SIGNATURE *L.D. SAND*

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

(NOTE: Registered Agent signature required when reinstating)

*4/15/02*

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete  
 NAME **MCCLARY, W. SCOTT**  
 STREET ADDRESS **700 CASALOMA BLVD.**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **S** ☒ Delete  
 NAME **MCCLARY, LYNN S**  
 STREET ADDRESS **700 CASALOMA BLVD**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President CEO, Treasurer** ☐ Change ☒ Addition  
 NAME **L.D. SAND**  
 STREET ADDRESS **4627 Dolphin Dr.**  
 CITY-ST-ZIP **Lake Worth, Florida 33463**

TITLE **Secretary** ☐ Change ☒ Addition  
 NAME **Cathy Kelly**  
 STREET ADDRESS **4627 Dolphin Dr.**  
 CITY-ST-ZIP **Lake Worth, Florida 33463**

TITLE **Vice-President** ☐ Change ☒ Addition  
 NAME **D. Doug Floyd**  
 STREET ADDRESS **1810 New Palm Way; #414**  
 CITY-ST-ZIP **Boynton Beach, Florida 33435**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *L.D. SAND; President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/2002 561-7343818*

Date Daytime Phone #

CR2E034 (9/01)