

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

OC 323

DOCUMENT # L02000000099

1. Entity Name

MIKE'S DIVE SERVICES, L.L.C.



FILED

03 APR 18 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

9119 CORPORATE LAKE DRIVE, SUITE 300  
TAMPA FL 33634

Mailing Address

9119 CORPORATE LAKE DRIVE, SUITE 300  
TAMPA FL 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0675696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, DANIEL F II ESQ  
9119 CORPORATE LAKE DRIVE, SUITE 300  
TAMPA FL 33634

Name

MICHAEL J. ECHEVARRIA, Esquire

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

9119 CORPORATE LAKE DR, Suite 300

City

TAMPA

FL

Zip Code

33634

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)

3/04/03  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME ECHEVARRIA, MICHAEL J  
STREET ADDRESS 9119 CORPORATE LAKE DRIVE, SUITE 300  
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Change ☐ Addition  
NAME 400016324764  
STREET ADDRESS 04/18/03--01045--025 \*\*50.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Michael J. Echevarria*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/4/03  
Date

813-342-2200 Ex 3009  
Daytime Phone #

CR2E083 (10/02)