

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90086 032 \*\*\*\*\*50.00

**DOCUMENT # L02000011764**

1. Entity Name

**NARCOSIS DIVE CHARTERS LLC**



Principal Place of Business

**12173 EASTERLY AVE.  
PALM BEACH GARDENS FL 33410**

Mailing Address

**12173 EASTERLY AVE.  
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**75 3051956**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.  
941 FOURTH ST. #200  
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **RAYMOND T. DAVIS JR.**

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

**12173 EASTERLY AVE**

City **PALM BEACH GARDENS FL**

Zip Code **33410**

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 *Raymond T. Davis Jr.*  
Signature, typed or printed name of registered agent and title if applicable.

**RAYMOND T. DAVIS JR.**

**1-15-03**

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **DAVIS, RAYMOND**  
STREET ADDRESS **12173 EASTERLY AVE.**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **CLOWES, SUSAN D.**  
STREET ADDRESS **16609 71 ST. N.**  
CITY-ST-ZIP **LOXAHATCHEE, FL. 33470**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Raymond T. Davis Jr.* **SIGNATURE REQUIRED**

**1-15-03**

**561-630-0606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)