2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/19/2003 90064-006 $50.00 $50.00

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SECRETARY OF STATE DIVISION OF CORPORATIONS
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DOCUMENT # L02000025892

1. Entity Name
SUN & SEA DIVING, L.C.

Principal Place of Business
2817 DON QUIXOTE DR.
PUNTA GORDA FL 33950

Mailing Address
2817 DON QUIXOTE DR.
PUNTA GORDA FL 33950

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
215 WOOD ST	215 WOOD ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PUNTA GORDA FLA	City & State: PUNTA GORDA FL
Zip: 33950 / Country: USA	Zip: 33950 / Country: USA

4. FEI Number — Applied For / ☑ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOTITZKY, HAL F ESQ
223 TAYLOR ST.
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	OWNER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RONALD W MORRISON MGRM	NAME	
STREET ADDRESS	215 WOOD STREET	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (4/03)

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: SIGNATURE REQUIRED 9/16/03 941 637 0462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #