2000 UNIFORM BUSINESS REPORT (UBR)

May 01, 2000 8:00 am DOCUMENT # **N44081** 1. Entity Name Secretary of State PALM BEACH FIN DIVERS, INC. 01-25-2000 90042 050 ****61.25 Principal Place of Business Mailing Address 14150 PARADISE POINT ROAD 14150 PARADISE POINT ROAD PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-1142 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0245384 Not - Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) D'ANIERI, RICHARD C/O PALM BEACH FIN DIVERS, INC 14150 PARADISE POINT ROAD City Zip Code PALM BEACH GARDENS FL 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. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9, Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 OFFICERS AND DIRECTORS 11. JERRY OENBAINK JR Change TITLE ☐ Delete TITLE Danieri, Richard NAME NAME STREET ADDRESS STREET ADDRESS 14150 PARADISE POINT ROAD CITY-S1-ZIP City-St-Zif PALM BEACH GARDENS FL 33410 TITLE TITLE Delete MICHAEL COSTANZA NAME SCHOOLEY, GINNY NAME 2111 BRANDYWINE STREET ADDRESS STREET ADDRESS 3529 CHEETHAN HILL 334 CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE FL 33470 Addition TITLE . Delete SPEAKMAN, JUDY NAME NAME STREET ADDRESS STREET ADDRESS 6319-1 RIVERWALK LANE CITY-ST-ZIP CITY-ST-78 JUPITER FL 33458 Change ☐ Addition TITLE TITLE HOLLUM, TIM NAME NAME 17 LAKE ARBOR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RALM SPRGS FL 33461 TITLE □ Change Addition TITLE heáth, chuck NAME NAME STREET ADDRESS STREET ADDRESS 19153 S.W. FEARNLEY DR. CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33469 Change Addition MILE TITLE TILLEY, BETH NAME HAAR STREET ADDRESS STREET ADDRESS 991 MOHAWK ST CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458

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12. Thereby 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 617, 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.

DUPEREQUIRED SIGNATURE: