


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90040 025 \*\*\*\*61.25

DOCUMENT # <i>N44081</i>	
1. Entity Name <i>Palm Beach Fin Divers Inc</i>	

**DO NOT WRITE IN THIS SPACE**

**94060226**

2. Principal Place of Business		3. Mailing Address <i>PO Box 33238</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Palm Beach Gardens FL</i>	
Zip	Country	Zip <i>33420-3238</i>	Country <i>USA</i>
		4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <i>Beth Tilley</i>
Street Address (P.O. Box Number is Not Acceptable) <i>991 NOW HAWK ST</i>
City <i>Jupiter</i>
State <b>FL</b>
Zip Code <i>33458</i>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>J C Oenbrink Jr</i> <i>217 W Whitney Dr; Jupiter FL 33458</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> <i>Sherry Pearsall</i> <i>217 W Whitney Dr; Jupiter FL 33458</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <i>Hazel Marshal</i> <i>County Line Road</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Tequesta FL 334</i> <i>Vice President</i> <i>Jack Thygesen</i> <i>6022 Roger St P Jupiter FL 33458</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sherry Pearsall*

*Treas*

*3/25/04 561 7439008*

CR2E037B (12/02)