

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90260 020 ***150.00

DOCUMENT # P00000012385

1. Entity Name
OFF THE WALL DIVERS, INC.



Principal Place of Business
**5351 SOUTH FLORIDA AVENUE
LAKELAND FL 33813**

Mailing Address
**PO BOX 6223
LALELAND FL 33807**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3661242**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORKMAN, MICHAEL E
C/O CLARK & CAMPBELL, P.A.
4740 CLEVELAND HEIGHTS BOULEVARD
LAKELAND FL 33813**

Name
Workman, Michael E. C/o Clark, Campbell
Street Address (P.O. Box Number is Not Acceptable)
500 Florida Ave S.
Suite 800
City **Lakeland** FL Zip Code **33801**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
NAME **KONITZER, THOMAS JAMES**
STREET ADDRESS **5351 SOUTH FLORIDA AVENUE**
CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE **PD** ☐ Delete
NAME **SHELSON, JILL**
STREET ADDRESS **5918 VELVET LOOP**
CITY-ST-ZIP **LAKELAND FL 33811**

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

TITLE **VD** ☐ Delete
NAME **MORRIS, RAYMOND**
STREET ADDRESS **1940 HIGH GLEN COURT NORTH**
CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE **TD** ☐ Delete
NAME **VACHEN, DARYL**
STREET ADDRESS **4634 MUSKETT DRIVE**
CITY-ST-ZIP **LAKELAND FL 33813**

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

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 607, 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.

SIGNATURE: **Jill Shelson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03 (863)602-5421
Date Daytime Phone #

CR2E034 (10/02)