3/5

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000026264 1. Entity Name AQUA-NUT DIVERS, INC.				Secretary of State 03-05-2001 90275 023 ***150.00	
Principat Place 104220 OVERSE KEY LARGO FL	AS HWY.	Mailing Address 10422C OVERSEAS HWY. KEY LARGO FL 33037			
2. Principal Pl. 10422 Suite, Apt. s		3. Mailing Address / 0 4 2 2 Suite, Apt. #, etc.	10 95 Hwy	DO NOT WRITE IN THIS SPACE	
	190 FL	City & State Key Largo,	FL	4. FELNumber 1000023 Applied For Not Applicable	
33037	Country	33037	Country USA	5. Certificate of Status Desired	
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent	
THALER, SHIRLEE A			Street Address	ess (P.O. Box Number is Not Acceptable)	
	20 Overseas HWY. Largo FL 33037				
			City	FL Zip Code	
R The shows	named antity submits this statement for	the purpose of changing its		gistered agent, or both, in the State of Florida.	
. IIIE 300V4	TRACTICE CHILITY SOUTHIES CHIS STATE THOSE TO	the purpose of changing he	s registered once or regist	granted agent, or odd, in the state of Forible.	
SIGNATURE _	Signature, typed or printed name of registered agent an	id title if applicable. (NOT	E: Registered Agent signature requir	equired when reinstairing) DATE	
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 20	!!! FEE IS \$150.00 001 Fee will be \$550.00 ble to Department of SI		
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THALER, RICHARD D JR. 104220 OVERSEAS HWY.	☐ Celete	TIYLE NAME STREET ADDRESS CITY-SI-ZIP	Change Change Addition CHSE034 (10/00)	
YITLE NAME STREET ADDRESS CITY-ST-ZIP	KEY LARGO FL 33037 D THALER, RICHARD D JR. 104220 OVERSEAS HWY.	☐ Delele	TITLE NAME STREET ADDRESS CIFY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS.	KEY LARGO FL 33037 D THALER, SHIRLEE A -104220 OVERSEAS HWY.	☐ Delete	TITLE NAMESTREET ADDRESS	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS	KEY LARGO FL 33037	Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Dekele	CITY-ST-ZIP TIFLE NAME STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report is	true and accurate and that wered to execute this repor ith all other like empowered	my signature shall have the tas required by Chapter 6 d.	in Section 119.07(3)(i), Florida Statutes. I further certify that the information e the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	
SIGNAT	URE: MINING TOPED OR PH	Let Bicky PINTED HAME OF SIGNING OFFICE	Thaler ROR DIRECTOR	1-30 -01 305-451-1622 Date Dayling Phone #	