2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am § Secretary of State P00000026264 DOCUMENT # 1. Entity Name AQUA-NUT DIVERS, INC. Mailing Address Principal Place of Business 104220 OVERSEAS HWY. 104220 OVERSEAS HWY. KEY LARGO FL 33037 KEY LARGO FL 33037 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-1000023 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THALER, SHIRLEE A Street Address (P.O. Box Number is Not Acceptable) 104220 OVERSEAS HWY. KEY LARGO FL 33037 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE Thaler, Kicky THALER, RICHARD D JR. NAME NAME 12 Jewash 104220 OVERSEAS HWY. STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP Key Largo, FL 33037 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE THALER, RICHARD D JR. NAME NAME 104220 OVERSEAS HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME THALER, SHIRLEE A STREET ADDRESS STREET ADDRESS 104220 OVERSEAS HWY. CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ■ Addition ☐ Change ☐. Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: