2001 UNIFORM BUSINESS REPURT (UBR) DOCUMENT # P00000027280 FILED 1. Entity Name SEASIDE SCUBA ADVENTURES INC. 01 APR 19 PM 3: 45 SECRETARY TOF STATE Principal Place of Business Mailing Address TATELAHASSEE, FLORIDA 2830 NE 9TH AVE 2630 NE STH AVE POMPANO BEACH FL 33084 POMPANO BENTH FL 33064 816717 2. Principal Place of Business XW 10th OR DO NOT WRITE IN THIS SPA 03/05/0 90385 034 Not Applicable Country \$8.75 Additional Fee Recustred Address of Curre MARCHAND, KEVIN L Street Address (P.O. Box Number is Not Acceptable) 2630 NE 9TH AVE POMPANO BEACH FL 33064 妿 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the state of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing . Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change CR2E034 (10/00) ☐ Dalata TITLE គា £ MARCHAND, KEVIN L MAME NAME STREET ADDRESS STREET ACCORESS 2630 NE 9TH AVE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33084 ☐ Delete TITLE ☐ Addition MILE NUMBER NAME STREET ADORESS STREET ADDRESS CITY-ST-2P -CITY: ST; ZP ■ Addition ☐ Delete ☐ Change me NAME MAARE STREET ADDRESS STREET ADDRESS CITY-ST-20 CITY - ST - 72P Change Addition TRILE O Dedeto TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-78 ☐ Chance ☐ Addition TITLE TITLE Deleta MAKE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-78 Change S Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 13. 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 certify 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,

SIGNATURE: _xt

In reply to: P00000027280

Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Dear Division of Corporations,

SUBJECT: FEDERAL EMPLOYER INDENTICATION YOU REQUESTED

I have been overseas and have just returned and see that the filing of 2001 Uniform Business Report (UBR) was return due to being incomplete. An absent FEI number was missing. Enclosed I have returned the form and filled in the information and will forward a copy to my accountant. I apologize for the delay in returning the form do to my absents of being overseas.

Sincerely,

Kevin Marchand

President

Seaside Scuba Adventures Inc.

cc: Michael Kerlen C/O E-Z Accounting 2213 E. Atlantic Blvd. Pompano Beach, FL. 33062