

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90449 013 ***550.00

DOCUMENT # P00000030493

1. Entity Name

FLORIDA KEYS REEF-DIVERS, INC.

Principal Place of Business

**27455 GUADALOUPE LANE
 RAMROD KEY FL 33043**

Mailing Address

**PO BOX 432015
 BIG PINE KEY FL 33043**

2. Principal Place of Business

29-222 Coconut Palm Dr.

Suite, Apt. #, etc.

3. Mailing Address

29-222 Coconut Palm Dr.

Suite, Apt. #, etc.

City & State

Big Pine Key, FL

City & State

Big Pine Key, FL

4. FEI Number

65-1007338

Applied For

Not Applicable

Zip

Country

33043

USA

Zip

Country

33043

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WYATT, SUSAN B

27455 GUADALOUPE LANE

RAMROD KEY FL 33043

7. Name and Address of New Registered Agent

Name **Wyatt, Susan B.**

Street Address (P.O. Box Number is Not Acceptable)

29-222 Coconut Palm Drive

City **Big Pine Key**

FL

Zip Code

33043

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.

SIGNATURE

Susan B Wyatt

6/22/2002

Signature, type or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **WYATT, JAMES L JR**
 STREET ADDRESS **29-222 COCONUT PALM DRIVE**
 CITY-ST-ZIP **BIG PINE KEY FL 33043**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 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:

James L Wyatt Jr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/02
 Date

305-515-2750
 Daytime Phone #

CR2E034 (9/01)