

# - 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**  
 05-16-2001 90095 038 \*\*\*150.00

**DOCUMENT #** R00000033696  
**1. Entity Name** C+J Diving, Inc

**Principal Place of Business** 5400 N Ocean Blvd #3  
**Mailing Address** Ft Lauderdale Fl 33308-2310

**2. Principal Place of Business** 5400 N Ocean Blvd #3  
**3. Mailing Address** 5400 N Ocean Blvd #3

**City & State** Ft Lauderdale Fl  
**Zip** 33308  
**Country** USA

**4. FEI Number** Applied for  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Jean Garofoli  
 5400 N Ocean Blvd #3  
 Ft Lauderdale Fl 33308-2310

**7. Name and Address of New Registered Agent**  
 Name: Jean Garofoli  
 Street Address (P.O. Box Number is Not Acceptable): 5400 N. Ocean Blvd #3  
 City: Fort Land FL Zip Code: 33308

**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** X **DATE** X APR 21/01

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE	President	<input type="checkbox"/> Delete
NAME	Jean Garofoli	
STREET ADDRESS	5400 N Ocean Blvd #3	
CITY-ST-ZIP	Ft Lauderdale Fl 33308-2310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** X **DATE** 4/25/01 (954) 785-1010  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Daytime Phone #**

CR2E034 (11/00)