

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90605 021 \*\*\*150.00

DOCUMENT # P00000035393

1. Entity Name

DIVEMASTERS, INC.

Principal Place of Business

402 APPELROUTH LN.  
KEY WEST FL 33040

Mailing Address

402 APPELROUTH LN.  
KEY WEST FL 33040

LU021100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15 HILTON HAVEN RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY WEST FL

City & State

KEY WEST FL

4. FEI Number

65-1003433

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLITENICK, RICHARD M ESQ  
402 APPELROUTH LN.  
KEY WEST FL 33040

Name

KLITENICK, RICHARD M., ESQ

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

624 WHITEHEAD STREET

City

KEY WEST

FL

Zip Code

33040

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/2001

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

☒ Election Campaign Financing  
Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KLEINMAN, THOMAS J  
1702 MARKET ST., 4TH FLOOR  
PHILADELPHIA PA 17103-4134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DSTV  
KLEINMAN, THOMAS J.  
255 S. 17TH ST, 26TH FLOOR  
PHILADELPHIA, PA 19103  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WILLSON, THOMAS  
3635 SEASIDE DR., #301  
KEY WEST FL 33040  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
MORAN, THOMAS A.  
15 HILTON HAVEN ROAD  
KEY WEST, FL 33040  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2001

Date

305-587-3887

Daytime Phone #

CR2E034 (10/00)