

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000059077

1. Entity Name
SCUBA EQUIPMENT OF AMERICA, INC.

Principal Place of Business
 3905 RYANS LANE
 ZEPHYRHILLS FL 33541

Mailing Address
 3905 RYANS LANE
 ZEPHYRHILLS FL 33541

2. Principal Place of Business
 1451 WINDJAMMER LOOP

3. Mailing Address
 1451 WINDJAMMER LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 LUTZ FL

City & State
 LUTZ FL

4. FEI Number
59-3653278
 Applied For Not Applicable

Zip Country
 33549 US

Zip Country
 33549 US

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134
 US

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 **JEFFREY A. DOWD PA**

04/30/2001

Signature, typed 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ST Delete
 NAME PECORANO DEBRA L
 STREET ADDRESS 3905 RYANS LANE
 CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE ST Change Addition
 NAME JAMES ELIZABETH I
 STREET ADDRESS 1451 WINDJAMMER LOOP
 CITY-ST-ZIP LUTZ FL 33549

TITLE V Delete
 NAME JOHNSON DAMON
 STREET ADDRESS 3905 RYANS LANE
 CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE V Change Addition
 NAME PECORARO MARK L
 STREET ADDRESS 3905 RYANS LANE
 CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE PD Delete
 NAME PECORARO MARK L
 STREET ADDRESS 3905 RYANS LANE
 CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE PD Change Addition
 NAME JAMES JOSEPH P
 STREET ADDRESS 1451 WINDJAMMER LOOP
 CITY-ST-ZIP LUTZ FL 33549

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: **Joseph P. James**

PD 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)