2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 12, 2001 8:00 am DOCUMENT # P0000082562 Secretary of State 1. Entity Name 06-12-2001 90001 050 ***550.00 FEAR NOT DIVERS, INC. Principal Place of Business Mailing Address 3000 WYNSTONE DRIVE 3000 WYNSTONE DRIVE SEBRING FL 33872 SEBRING FL 33872 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied F **65-1044220** Not Applic Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Ð 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name <u>Schnell, Marilyn D.</u> SCHNELL, MARYLIN D Street Address (P.O. Box Number is Not Acceptable) 3000 Wynstone Drive 3000 WYNSTONE DRIVE SEBRING FL 33872 City Zip Code Sebring 33872 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. Marilyn D. Schnell 06/05/01 (NOTE: Registered Agent signature required when reinstating) printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fee (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PCEO** X Change TITLE □ Delete TITLE PD SCHNELL, MARYLIN D NAME NAME Schnell, Marilyn D. STREET ADDRESS STREET ADDRESS 3000 WYNSTONE DRIVE 3000 Wynstone Drive CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 Sebring, FL 33872 STD TITLE ☐ Delete TITLE **VPSTD** X Change $\prod A'$ SCHNELL, MARTIN N NAME Schnell, Martin N. NAME STREET ADDRESS 3000 WYNSTONE DRIVE STREET ADDRESS 3000 Wynstone Drive CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 Sebring, FL 33872 X Delete TITLE ☐ Change ----NAME SCHNELL, MARYLIN D NAME STREET ADDRESS STREET ADDRESS 3000 WYNSTONE DRIVE CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE □ A NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ A∟ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 dire 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 Months N. Schwell, Secretary Masses SIGNATURE:

13. Thereby 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 informat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-01