FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 16, 2003 8:00 am Secretary of State P00000082562 DOCUMENT # 04-16-2003 90112 046 \*\*\*150.00 1. Entity Name FEAR NOT DIVERS, INC. Principal Place of Business Mailing Address 10074400" 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. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1044220 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHNELL, MARILYN D Street Address (P.O. Box Number is Not Acceptable) 3000 WYNSTONE DRIVE SEBRING FL 33875 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition SCHNELL, MARILYN D NAME NAME 3000 WYNSTONE DRIVE STREET ADDRESS STREET ADDRESS SEBRING FL 33872 CITY-ST-7IP CITY-ST-ZIP **VPST** ☐ Delete TITLE TITLE Change ■ Addition SCHNELL, MARTIN N NAME NAME 3000 WYNSTONE DRIVE STREET ADDRESS STREET ADDRESS SEBRING FL 33872 CITY-ST-ZIP CITY-ST-7IP TITLE Change TITLE Delêtê [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE. ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 cirector 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

N. Schnell