

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-15-2001 90157 030 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092808

1. Entity Name

R.T.D. DIVE SHOP, INC.

Principal Place of Business

3309 EHRlich ROAD
TAMPA FL 33618

Mailing Address

3309 EHRlich ROAD
TAMPA FL 33618

2. Principal Place of Business

3309 EHRlich Rd.

Suite, Apt. #, etc.

3. Mailing Address

3309 EHRlich Rd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3679172

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWELL, CHARLES H
3309 EHRlich ROAD
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

N - A

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

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

(NOTE: Registered Agent signature required when resigning)

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

TITLE **P. R. PRESIDENT** ☐ Delete
NAME **CHARLES H. POWELL**
STREET ADDRESS **3309 EHRlich Rd.**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **T. TREASURER** ☐ Delete
NAME **ROSA M. POWELL**
STREET ADDRESS **3309 EHRlich Rd.**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Charles H. Powell

CHARLES H. Powell 01-20-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)