

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90054 010 ***150.00

DOCUMENT # P00000111339

1. Entity Name

NAPLES SCUBA CENTER, INC.

Principal Place of Business

Mailing Address

1949 DAVIS BLVD.
 NAPLES FL 34104

1949 DAVIS BLVD.
 NAPLES FL 34104

2. Principal Place of Business

1947 DAVIS BLVD

3. Mailing Address

1947 DAVIS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

FL NAPLES

Zip

34104

Country

USA

Zip

34104

Country

USA

4. FEI Number

65-1059122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARNER, JOHN A
 801 LAUREL OAK DR., #710
 NAPLES FL 34108-2707**

7. Name and Address of New Registered Agent

Name **Michael Branz**
 Street Address (P.O. Box Number is Not Acceptable)
1947 DAVIS BLVD
 City **NAPLES** FL Zip Code **34104**

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

Michael Branz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MARCH-12-2001
FEB-6-2001

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

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **OWNER JOSEF KMENT** ☐ Delete
 NAME **JOSEF KMENT**
 STREET ADDRESS **589 99TH ST N**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **OWNER** ☐ Delete
 NAME **MICHAEL BRANZ**
 STREET ADDRESS **5761 WAXMYNTER WAY**
 CITY-ST-ZIP **NAPLES FL 34109**

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

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Michael Branz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 6-2001 MAR 12-2001

Date

Daytime Phone #

CR2E034 (10/00)