

5/29/

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 24, 2002 8:00 am
Secretary of State

05-29-2002 90681 032 ***150.00

DOCUMENT # P01000031336**1. Entity Name**
DIVE SERVICES, INC.**Principal Place of Business**
665 GLOUCESTER ST #8
BOCA RATON FL 33487
Mailing Address
787 S.E. 1st Way
Deerfield Beach
BOCA RATON FL 33487
FL 33441**2. Principal Place of Business**
1061 Orange Ter
Suite, Apt. #, etc.
204
3. Mailing Address
1061 Orange Ter
Suite, Apt. #, etc.
204**City & State**
Delray Beach, FL
City & State
Delray Beach, FL
Zip
33445
Country
USA**4. FEI Number**
65-1096889**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐**\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****HUBER, JERRY**
665 GLOUCESTER ST #8
BOCA RATON FL 33487
787 S.E. 1st Way
Deerfield Beach, FL 33441**7. Name and Address of New Registered Agent****Name**
Jerry Huber
Street Address (P.O. Box Number is Not Acceptable)
787 S.E. 1st Way
City
Deerfield Beach
FL
Zip Code
33441**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 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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	President			
	Jerry Huber	787 S.E. 1st Way	Deerfield Beach, FL 33441	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date**Daytime Phone #**

CR2004 (9/01)