

02-03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000056544

1. Entity Name

DIVERSION EXCURSION CHARTERS INC.



FILED

03 JUL 14 PM 7:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2629 N. RIVERSIDE DR.

Suite, Apt. #, etc.

3. Mailing Address

2629 N. RIVERSIDE DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH, FL.

City & State

POMPANO BEACH, FL.

4. FEI Number

65-1112062

Applied For

Not Applicable

Zip

33062

Country

USA

Zip

33062

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JERRY TURMAINE

Street Address (P.O. Box Number is Not Acceptable)

1931 LYONS RD. #207

City

COCONUT CREEK

FL

Zip Code

33063

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

7-8-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/TREASURER JERRY TURMAINE 1931 LYONS RD. #207 COCONUT CREEK, FL. 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700021564807 07/15/03--01021--017 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KELLY TURMAINE 1931 LYONS RD. #207 COCONUT CREEK, FL. 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]