CAPITAL CONNECTION 850 222 1222 07/11 '0

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State
07-28-2003 90149 039 ***550.00

DOCUMENT # P02000012477

1. Entity Name
American Nautical Diving and Research/Recovery, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
265 15th ST	1480 Warrior Tr.
Suite, Apt. #, etc. APT "A"	Suite, Apt. #, etc.
City & State: Marathon, FL	City & State: Enterprise, FL
Zip: 33050 Country: Monroe	Zip: 32725 Country: Volusia

DO NOT WRITE IN THIS SPACE

4. FEI Number: 42-1598986 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: David Paul Horan, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 608 Whitehead ST
City: Key West, FL Zip Code: 33040

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, crossed out] — 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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Pres (P/D)	TITLE	
NAME	Thomas R. Yerian	NAME	
STREET ADDRESS	265 15th ST, APT A	STREET ADDRESS	
CITY-ST-ZIP	Marathon, FL 33050	CITY-ST-ZIP	
TITLE	VP (V/T/D)	TITLE	
NAME	William D. Nansteil	NAME	
STREET ADDRESS	1480 Warrior TR	STREET ADDRESS	
CITY-ST-ZIP	Enterprise, FL 32725	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] — 7/11/03 — 407 330 1840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William D. Nansteil