2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

DEERFIELD BEACH FL 33441

2. Principal Place of Business

MARTINELLO, DELSONIR

the obligations of registered agent.

43 SE 7TH AVENUE DEERFIELD BEACH FL 33441

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

1645 SE 3RD COURT

DIXIE DIVERS INSTRUCTOR ACADEMY, INC.

Country

6. Name and Address of Current Registered Agent

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

DELSONIR MARTINGHO

43 S€ 7AV6

35E 7TH AV6.

OFFICERS AND DIRECTORS

EGRESIA BOL FL 33441

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

Vasside +

1. Entity Name

P02000093993

Mailing Address

3. Mailing Address

City & State

Sulte, Apt. #, etc.

1645 SE 3RD COURT

DEERFIELD BEACH FL 33441

Country

11.

TITS F

NAME

TITLE

NAME

TITLE

NAMÉ STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

Delete

☐ Delete

☐ Delete

☐ Delete

FILED Aug 08, 2003 8:00 am Secretary of State

07-17-2003 90039 003 ***550.00

55053747

CHECK HERE IF MAKING CHANGES Applied For 4, FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept DATE \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition **CR2E034** ☐ Addition ☐ Addition ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Addition

Addition

☐ Change

☐ Change