

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90259 026 ***150.00

DOCUMENT # P02000098983

1. Entity Name
FLORIDA SCUBA CONNECTION, INC.



Principal Place of Business
**20704 SUGARLOAF MOUNTAIN ROAD
CLERMONT FL 34711**

Mailing Address
**P. O. BOX 751
MINNEOLA FL 34755**



2. Principal Place of Business

1201 S. Winter Garden Under Rd.

3. Mailing Address

1201 S. Winter Garden Under Rd.

Suite, Apt. #, etc.

Suite # 10

Suite, Apt. #, etc.

Suite # 10

City & State

Winter Garden FL

City & State

Winter Garden FL

Zip

34787

Country

U.S.A.

Zip

34787

Country

U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

56-2291062

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HENDERSON, KEITH R SR.
20704 SUGARLOAF MOUNTAIN ROAD
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name

Same

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

City

FL

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 the obligations of registered agent.

SIGNATURE **Keith R. Henderson SR**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **HENDERSON, KEITH R SR.**
STREET ADDRESS **20704 SUGARLOAF MOUNTAIN ROAD**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D** ☐ Delete
NAME **STEVENS, BETTE K**
STREET ADDRESS **20704 SUGARLOAF MOUNTAIN ROAD**
CITY-ST-ZIP **CLERMONT FL 34711**

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

11. 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
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NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE RECORDED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-03 407-654-1177

CR2E034 (10/02)