

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90207 014 \*\*\*150.00

0001651 AT

**DOCUMENT # P02000125118**

1. Entity Name

SEGOVIA DIVING AND MARINE SERVICES INC.



Principal Place of Business

817 MOORE COURT  
PANAMA CITY FL 32401

Mailing Address

817 MOORE COURT  
PANAMA CITY FL 32401

2. Principal Place of Business

2205 W. 13<sup>th</sup> COURT

Suite, Apt. #, etc.

PANAMA CITY, FL

City & State

3. Mailing Address

2205 W. 13<sup>th</sup> COURT

Suite, Apt. #, etc.

PANAMA CITY, FL

City & State

Zip 32401

Country USA

Zip 32401

Country USA

4. FEI Number

65-1163593

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGOVIA, JOSE C JR  
817 MOORE COURT  
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name SEGOVIA, JOSE C JR.

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

2205 W. 13<sup>th</sup> COURT

City PANAMA CITY

FL

Zip Code 32401

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]* / JOSE C. SEGOVIA JR. (D)

April 14, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	D SEGOVIA, JOSE C 817 MOORE COURT PANAMA CITY FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGOVIA, AMBER N 817 MOORE COURT PANAMA CITY FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGOVIA, DELIA 4303 TENTH ST N TAMPA FL 33603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGOVIA, JOSE C JR. 2205 W. 13 <sup>th</sup> COURT PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGOVIA, AMBER N 2205 W. 13 <sup>th</sup> COURT PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

*[Signature]* / JOSE C. SEGOVIA JR.

April 14, 2003 624-  
(850) 7220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)