

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000041768

Entity Name: SUNCOAST DIVE CENTER, INC.

**FILED**  
**Oct 17, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

7718 91ST STREET  
SEMINOLE, FL 33777

## **New Principal Place of Business:**

5304 SEMINOLE BLVD  
ST PETERSBURG, FL 33708

## **Current Mailing Address:**

7718 91ST STREET  
SEMINOLE, FL 33777

## **New Mailing Address:**

5304 SEMINOLE BLVD  
ST PETERSBURG, FL 33708

FEI Number: 57-1232661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

CAMPBELL, CHAD E  
7718 91ST STREET  
SEMINOLE, FL 33777 US

## **Name and Address of New Registered Agent:**

SCOTT T LODEN CPA PA  
4601 CENTRAL AVENUE  
ST PETERSBURG, FL 33713 US

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: SCOTT T LODEN

10/17/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CAMPBELL, CHAD E  
Address: 7718 91ST STREET  
City-St-Zip: SEMINOLE, FL 33777

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: CAMPBELL, CHAD E  
Address: 5304 SEMINOLE BLVD  
City-St-Zip: ST PETERSBURG, FL 33708

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAD CAMPBELL

PD

10/17/2007

Electronic Signature of Signing Officer or Director

Date