

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90119 043 \*\*\*150.00

**DOCUMENT # P12959**

**1. Entity Name**  
**CONSOLIDATED SCUBA ENTERPRISES, INC.**



**Principal Place of Business**  
**4984 NORTH UNIVERSITY DR**  
**LAUDERHILL FL 33351**

**Mailing Address**  
**P.O. BOX 1265**  
**TAVARES FL 32778-1265**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-2748956**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional**

**Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

Name

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**

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** ☐ **\$5.00 May Be**  
**Trust Fund Contribution.**

**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☒ **Delete**  
**NAME** **SCHAEFFER, ROBERT**  
**STREET ADDRESS** **4984 N. UNIVERSITY DRIVE**  
**CITY-ST-ZIP** **LAUDERHILL FL**

☐ **Change** ☐ **Addition**  
**TITLE** **President** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Delete**  
**TITLE** **SD**  
**NAME** **ZEHNER, ROBERT**  
**STREET ADDRESS** **4984 N. UNIVERSITY DRIVE**  
**CITY-ST-ZIP** **LAUDERHILL FL**

☐ **Change** ☐ **Addition**  
**TITLE**  
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**STREET ADDRESS**  
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**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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-03** **352 742 4508**  
Date Daytime Phone #

CR2E034 (10/02)