

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90048 047 ***150.00

063728 SP

DOCUMENT # P92000013769

1. Entity Name
C & N DIVERS, INC.

Principal Place of Business

Mailing Address

20211 US HWY 441
MT. DORA FL 32757

20211 US HWY 441
MT. DORA FL 32757

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

59-3157047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Mailing Address of New Registered Agent

PATTERSON, NEIL
15831 DORA AVE
EUSTIS FL 32727

Name

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

20211 US Hwy 441

City

MT. DORA

FL

Zip Code

32757

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PATTERSON, NEIL**
 CITY-ST-ZIP **15831 DORA AVE**
EUSTIS FL 32727

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **20211 US Hwy 441**
 CITY-ST-ZIP **MT DORA, FL 32757**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PATTERSON, STARR**
 CITY-ST-ZIP **15831 DORA AVE**
EUSTIS FL 32727

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **20211 US Hwy 441**
 CITY-ST-ZIP **MT DORA, FL 32757**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Neil Patterson **Neil Patterson**

2-24-02 (352) 735-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)