

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90116 012 ***150.00

DOCUMENT # P93000021247

1. Entity Name
JACKSONVILLE SCUBANAUTS, INC.



Principal Place of Business
4203 TAHNEE CT.
JACKSONVILLE FL 32223

Mailing Address
P.O. BOX 43370
JACKSONVILLE FL 32202-2270

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 **59-3170553**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SCHLEISSING, DIANE
4203 TAHNEE CT.
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

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 Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MCANANY, MARIA**
STREET ADDRESS **3947 PINE BREEZE RD S**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **VP** ☒ Delete
NAME **DAVIS, JIM**
STREET ADDRESS **137 ABACO WAY**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **T** ☐ Delete
NAME **BARNES, MARGARET**
STREET ADDRESS **10421 BISCAYNE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **S** ☒ Delete
NAME **GREEN, JOANN**
STREET ADDRESS **4470 NARANJA DR S**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

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 **P & VP** ☒ Change ☐ Addition
NAME **McAnany, Maria**
STREET ADDRESS **3947 Pine Breeze Rd S**
CITY-ST-ZIP **Jacksonville FL 32257**

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

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

TITLE **S** ☒ Change ☐ Addition
NAME **Riddle, Robert**
STREET ADDRESS **9694 Wexford Rd**
CITY-ST-ZIP **Jacksonville FL 32257**

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

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret Barnes 2/10/03 904-381-3515

Date

Daytime Phone #

CR2E034 (10/02)