

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

4/10/

FILED
May 21, 2002 8:00 am
Secretary of State

04-10-2002 90034 021 ***150.00

DOCUMENT # **P93000035976**

1. Entity Name

Scuba-DO, Inc

DO NOT WRITE IN THIS SPACE

28270

2. Principal Place of Business

522 Caribbean Dr -

Suite, Apt. #, etc.

Key Largo

City & State

FL

3. Mailing Address

Box 2237 Key Largo FL 33037

Suite, Apt. #, etc.

City & State

FL

4. FEI Number

650-477621

Applied For

☐ Not Applicable

Zip

33037

Country

Monroe

Zip

33037

Country

Monroe

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

7. Name and Address of Current Registered Agent

Name

Stefano Dillon

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

97501 Overseas Hwy unit 902

City

Key Largo

FL

Zip Code

33037

**DO NOT WRITE
IN THIS SPACE**

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

Stefano Dillon

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

(NOTE: Registered Agent signature required when reappointing)

DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME **Stefano Dillon**
STREET ADDRESS **97501 Overseas Hwy unit 902**
CITY-STATE-ZIP **Key Largo, FL 33037**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Stefano Dillon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02 305 853-0050

Date

Daytime Phone #

UNIFORM BUSINESS REPORT CORPORATION