2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P93000058800** Mar 25, 2000 8:00 am **Secretary of State** DIVING SOLUTIONS, INC. 03-25-2000 90018 014 ***150.00 Principal Place of Business Mailing Address 4521 DISCOVERY LANE 4521 DISCOVERY LANE SUITE 2 SUITE 2 WEST PALM BCH. FL 33417 WEST PALM BCH. FL 33417-8091 020007 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0434132 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent WILLIAM D. W000 SUTHERLAND, TRACY Street Address (P.O. Box Number is Not Acceptable) 4521 DISCOVERY LANE 4521 DISCOVERY LN SUITE 2 WEST PALM BCH. FL 33417 Zip Code **334**/7 City WEST PALM BEACH 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. WILLIAM D. WOOD (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PDST** Addition TITLE P D S T V TITLE De!ete D. WOOD SUTHERLAND, TRACY NAME NAME WILLIAM 4521 DISCOVERY LN. SUITE Z 4521 DISCOVERY LANE, SUITE 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BCH. FL WEST PALM BEACH, Addition Delete TITLE WOOD, WILLIAM D. NAME NAME 4521 DISCOVERY LANE, SUITE 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BCH. FL CITY-ST-ZIP - 🗀 - Change — 🖃 Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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