

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90138 044 ***150.00

DOCUMENT # P94000002110

1. Entity Name
BLUE GROTTO DIVE RESORT, INC.

Principal Place of Business
3852 NW 172ND CRT
WILLISTON FL 32969
US

Mailing Address
3852 NW 172ND CRT
WILLISTON FL 32969
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3852 NE 172ND CRT

3. Mailing Address
3852 NE 172ND CRT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WILLISTON, FL

City & State
WILLISTON, FL

4. FEI Number
59-3218233

Applied For
Not Applicable

Zip
32696

Country
US

Zip
32696

Country
US

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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
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.

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
D
NAME
PARADISO, ED
STREET ADDRESS
RT. 3, BOX 2790
CITY-ST-ZIP
WILLISTON FL 32696

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
VP
NAME
PARADISO, ED III
STREET ADDRESS
4225 NE 18 TERRACE
CITY-ST-ZIP
OCALA FL 34479

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Edward Paradiso
EDWARD PARADISO

1/14/02 (352) 528-5770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)