

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90179 008 \*\*\*150.00

DOCUMENT # P94000013939

1. Entity Name

DEPTH PERCEPTION DIVE CENTER INC.

655554



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

10075 E. ADAMO DR.  
TAMPA FL 33619

10075 E. ADAMO DR.  
TAMPA FL 33619-2619

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 59-3226476

Applied For  
Not Applicable

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

Name

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

City

FL

Zip Code

DRAFFIN, JACKIE L  
10075 E. ADAMO DR.  
TAMPA FL 33619

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, 2000 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

☐ Change ☐ Addition

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TITLE P  
NAME MACLEAN, JACKIE L  
STREET ADDRESS 7410 MARIA COVE  
CITY-ST-ZIP RIVERVIEW FL

☐ Delete

TITLE VP  
NAME HYATT, LARRY  
STREET ADDRESS 8539 SHADOW WOOD DR  
CITY-ST-ZIP VELRICO FL 33594

☐ Delete

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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

JACKIE DRAFFIN MACLEAN

Date

Daytime Phone #

4/28/00 (813) 689-3483

CR2E034 (9/99)