2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400013939

1. Entity Name

DEPTH PERCEPTION DIVE CENTER INC.



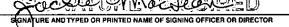
FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90192 020 ***150.00

Principal Place of Business 10075 E. ADAMO DR. TAMPA FL 33619			10	Mailing Address 10075 E. ADAMO DR. TAMPA FL 33619						
2. Principal Place of Business				3. Mailing Address						
Suite, Apt. #, etc.			5	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State				City & State			FEI Number 59-3226476		opplied For lot Applicable	
Zip	Country		Z	Zip Cour		5.	5. Certificate of Status Desired		lditional	
	6. Name	and Address of	of Current Regist	ered Agent		7.	Name and Address of New Regis	stered Agent		
ي المادة ويعامل المادة					. Name:	Name Survey Supplies to the survey of the su				
MACLEAN, JACKIE D 10075 E ADAMS DR				Street Address			is (P.O. Box Number is Not Acceptable)			
TAMPA FL 33619										
					City		· • • • • • • • • • • • • • • • • • • •	FL Zip Co	de	
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							Election Campaign Financ Trust Fund Contribution.		00 May Be	
.					11.	٨٢	DDITIONS/CHANGES TO OFFICE	DO AND DIDECTOR	20 IN 11	
TITUS NAME STREET ADDRESS CITY-ST, ZIP	P MACLEAN 7410 MÁR RIVERVIEV	, JACKIE L IA COVE	ENS AND DIREC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, AL	SSTREMO OF TANGES TO GITTEEN	Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change .	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	×			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		~		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

12. Thereby certify that the information supplied with this filling 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:



4/8/03

Daytime Phone #