

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90375 045 ***150.00

DOCUMENT # P94000024608

1. Entity Name
DIVERS' DEN OF PENSACOLA, INC.

Principal Place of Business
4330 COSTA MESA
PENSACOLA FL 32504

Mailing Address
4330 COSTA MESA
PENSACOLA FL 32504



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
40 GATHERING GREEN WEST
 Suite, Apt. #, etc.

3. Mailing Address
40 GATHERING GREEN WEST
 Suite, Apt. #, etc.

City & State
PENSACOLA FL

City & State
PENSACOLA, FL 32501

Zip
32501 Country
USA

Zip
32501 Country
USA

4. FEI Number **59-3243010** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MOONEYHAM, MICHELLE
4330 COSTA MESA
PENSACOLA FL 32504

7. Name and Address of New Registered Agent
 Name **Mooneyham, Michelle**
 Street Address (P.O. Box Number is Not Acceptable)
40 GATHERING GREEN WEST
 City **PENSACOLA** FL Zip Code **32501**

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 *Michelle Mooneyham* *Michelle Mooneyham, Sec* *1/9/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinfiling) 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOONEYHAM, JOEL 4330 COSTA MESA PENSACOLA FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOONEYHAM, MICHELLE 4330 COSTA MESA PENSACOLA FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 GATHERING GREEN WEST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 GATHERING GREEN WEST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joel Mooneyham* *RES* *1/9/02* *850-572-2091*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)