

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91155 045 ***150.00

DOCUMENT # P94000037669

1. Entity Name
DIVERS CITY, USA, INCORPORATED



Principal Place of Business
107900 OVERSEAS HWY
KEY LARGO FL 33037
US

Mailing Address
107900 OVERSEAS HWY
KEY LARGO FL 33037
US

2. Principal Place of Business

90511 OLD HWY

3. Mailing Address

90511 OLD HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAVERNIER FL

City & State
TAVERNIER FL

Zip
33070

Country
USA

Zip
33070

Country
USA

4. FEI Number 65-0503721

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FROELICH, BARBARA
659 COLSON DRIVE
KEY LARGO FL 33037

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara Froelich*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MIKLIA, ROBERT D
STREET ADDRESS 659 COLSON DR
CITY-ST-ZIP KEY LARGO FL

TITLE VP ☐ Delete
NAME FROELICH, BARBARA
STREET ADDRESS 659 COLSON DR
CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Froelich*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-03 305-852-0430
Date Daytime Phone #

CR2E034 (10/02)