2001 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2001 8:00 am DOCUMENT # 1. Entity Name P94000045007 Secretary of State Deep Divers Inc dba Deep-Divers Unlimite 04-16-2001 90269 007 ***150.00 1371 Jonathan's Trail Ven Beach, FL 32963 Marie Bar 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 650 Applied For Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 3ox Number is Not Acceptable) City 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 lide if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001, Fee, will be \$550.00 Tax_filing_requirement_and_elects_to_do_so Trust Fund Contribution: (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. president ☐ Addition TITLE ☐ Delete TITLE ☐ Change Nany Govld 1371 Junalhan's Trail NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST- 712 Vero Beach, FL 31463 Doleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY ST-ZIP TITLE Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with at other like empowered. 11 or Block 12 if SIGNATURE: