

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

0132076 AV

DOCUMENT # P94000052076

1. Entity Name
BLUE ATLANTIC DIVERS, INC.



04-03-2003 90178 028 ***150.00

Principal Place of Business
**180 E 13TH ST
RIVIERA BEACH FL 33404
US**

Mailing Address
**245 MADRID COURT
MERRITT ISLAND FL 32953
US**



2. Principal Place of Business
200 E 13 ST

3. Mailing Address
245 MADRID CT

Suite, Apt. #, etc.
RIVIERA BEACH

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
RIVIERA BEACH FL

City & State
MERRITT ISLAND FL

4. FEI Number
65-0502721

Applied For
Not Applicable

Zip
33404

Country
PAUMotu

Zip
32953

Country
BOtswana

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

**LEE, RODNEY T SR
245 MADRID COURT
MERRITT ISLAND FL 32953**

Name
LEE, RODNEY T SR
Street Address (P.O. Box Number is Not Acceptable)
245 MADRID COURT
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 **Rodney T Lee**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEE, RODNEY T SR
245 MADRID COURT
MERRITT ISLAND FL 32953** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE REQUIRED SR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/03 321 452 4477
Date Daytime Phone #

CR2E034 (10/02)