

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000058447**1. Entity Name
UNDERSEA OPERATIONS, INC.Principal Place of Business
1350 S OCEAN BLVD
POMPANO BEACH FL 33062
Mailing Address
401 SE 15TH AVE
POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0517144

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentHALPRIN BARBARA F
401 SE 15TH AVEPOMPANO BEACH FL
33060**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/29/2001

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, 2001 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 ST FLYNN DAVID H ☐ Delete
STREET ADDRESS 401 SE 15TH AVE
CITY-ST-ZIP POMPANO BEACH FLTITLE
NAME VP HALPIN BARBARA F ☐ Delete
STREET ADDRESS 401 SE 15TH AVE
CITY-ST-ZIP POMPANO BEACHTITLE
NAME P HALPIN MCIAHEL R ☐ Delete
STREET ADDRESS 401 SE 15TH AVE
CITY-ST-ZIP POMPANO BEACH FLTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME ST FLYNN DAVID H ☒ Change ☐ Addition
STREET ADDRESS 401 SE 15TH AVE
CITY-ST-ZIP POMPANO BEACH FL 33060TITLE
NAME VP HALPRIN BARBARA F ☒ Change ☐ Addition
STREET ADDRESS 401 SE 15TH AVE
CITY-ST-ZIP POMPANO BEACH FL 33060TITLE
NAME P HALPRIN MICHAEL R ☒ Change ☐ Addition
STREET ADDRESS 401 SE 15TH AVE
CITY-ST-ZIP POMPANO BEACH FL 33060TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 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: BARBARA F HALPRIN

VP

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)