

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90195 004 ***150.00

DOCUMENT # P94000060143



1. Entity Name
UPPER KEYS DIVE & SPORT CENTER, INC.

Principal Place of Business
**90701 OLD HIGHWAY
TAVERNIER FL 33070**

Mailing Address
**90701 OLD HIGHWAY
TAVERNIER FL 33070**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0520415**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURRAY, DIANA C
90701 OLD HWY
TAVERNIER FL 33070**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D	<input type="checkbox"/> Delete
NAME	MURRAY, DONALD	
STREET ADDRESS	90701 OLD HIGHWAY	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MURRAY, DIANA C.	
STREET ADDRESS	90707 OLD HWY	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DILIG, DERONDA C	
STREET ADDRESS	90701 OLD HWY	
CITY-ST-ZIP	TAVERNIER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE	<i>Pres</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] **305**
82872
Date _____ Daytime Phone # _____

CR2E034 (10/02)