2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 16, 2000 8:00 am Secretary of State DOCUMENT # **P94000088472** JIM ABERNETHY'S SCUBA ADVENTURES, INC. 03-16-2000 90096 002 ***150.00 Mailing Address Principal Place of Business 255 East 22 ml CY. 255 East 22nd Ct. 712 PELICAN WAY 712 PELICAN WAY Riviera Beach, N-PALM-BCH-FL-33408 Riviere Beach, N-PALM-BCH-FL 33408-4206 しいむうひませる 33404 FL 33404 USA 2. Principal Place of Business 3. Mailing Address 255 East <u>255 Eas7</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For Cit) & State 4. FEI Number 65-0537835 wera Not Applicable Country ountry USA \$8.75 Additional 5. Certificate of Status Desired 3404 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABERNETHY. abernatiiy, anna b Street Address (P.O. Box Number is Not Acceptable) 712 PELICAN WAY N PALM BCH FL 33408 Zip Code FL statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above SIGNATURE IOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE ABERNETHY, JAMES R NAME 712 PELICAN WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE ABERNETHY, ANNA B NAME NAME STREET ADDRESS STREET ADDRESS 712 PELICAN WAY CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a ue 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 ecciver 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 attag

SIGNATURE: