

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90127 011 ***150.00

DOCUMENT # P94000090648

1. Entity Name

SUNNY SEAS SCUBA, INC.

Principal Place of Business

7115 US 19 S
 NEW PORT RICHEY FL 34652
 US

Mailing Address

7115 US 19 S
 NEW PORT RICHEY FL 34652
 US

2. Principal Place of Business

6615 U S HWY 19
 Suite, Apt. #, etc.

NEW PORT RICHEY FLORIDA

City & State

NEW PORT RICHEY FLORIDA

Zip

34652

Country

U S A

3. Mailing Address

6615 U S HWY 19
 Suite, Apt. #, etc.

NEW PORT RICHEY FLORIDA

City & State

NEW PORT RICHEY FLORIDA

Zip

34652

Country

U S A

6. Name and Address of Current Registered Agent

DEBELLONIA, WAYNE D
 8830 U.S. 19
 PT. RICHEY FL 34668

7. Name and Address of New Registered Agent

Name
DE BELLONIA, WAYNE D.
 Street Address (P.O. Box Number is Not Acceptable)
6615 U S HWY 19
 City
NEW PORT RICHEY FLORIDA **FL** Zip Code
34652

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

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

PRESIDENT
WAYNE D DE BELLONIA
 (NOTE: Registered Agent signature required when reinstating)

DATE

2-19-2002

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, 2002 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	PTS	<input type="checkbox"/> Delete
NAME	DEBELLONIA, WAYNE D	
STREET ADDRESS	9126 PROSPERITY LN	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Wayne D. DeBellonia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE D DE BELLONIA

Date

Daytime Phone #

2-19-2002 217849-2428

CP2E034 (9/01)