

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016858

1. Entity Name

SURE SHOT DIVERS, INC.

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90007 006 ***165.00

0018386

Principal Place of Business

2414 COVINGTON CREEK CIRCLE W
JACKSONVILLE FL 32224
US

Mailing Address

2414 COVINGTON CREEK CIRCLE W
JACKSONVILLE FL 32224
US

660696

2. Principal Place of Business

3. Mailing Address

10915 Hawaii Dr S

10915 Hawaii Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JAX FL

JAX FL

Zip 32246

Country

Duval

Zip 32246

Country

Duval

4. FEI Number 59-3301785

Applied For

Not Applicable

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

KHALILI-ARABI, RACHEL
2414 COVINGTON CREEK CIR W
JACKSONVILLE FL 32224

Name

LEE A. SPROUSE

Street Address (P.O. Box Number is Not Acceptable)

10915 HAWAII DR S

City

JAX

FL

Zip Code

32246

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SPROUSE, LEE ALLAN	
STREET ADDRESS	10915 HAWAII DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KHALILI-ARABI, RACHEL	
STREET ADDRESS	2414 COVINGTON CREEK CIRCLE W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KHALILI-ARABI, MORRIS	
STREET ADDRESS	2414 COVINGTON CREEK CIRCLE W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 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 the employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

4/20/01 904 545-9632

CR2E034 (10/00)