

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000016858**

1. Entity Name
SURE SHOT DIVERS, INC.

Principal Place of Business

**10915 HAWAII DR S
JACKSONVILLE FL 32246
US**

Mailing Address

**10915 HAWAII DR S
JACKSONVILLE FL 32246
US**

2. Principal Place of Business

1629 6th STREET SOUTH

Suite, Apt. #, etc.

City & State

JACKSONVILLE BCH, FL

Zip

32250

Country

U.S.

3. Mailing Address

1629 6th STREET SOUTH

Suite, Apt. #, etc.

City & State

JACKSONVILLE BCH, FL

Zip

32250

Country

U.S.

6. Name and Address of Current Registered Agent

SPROUSE, LEE A

10915 HAWAII DR S

JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name

SEAN A. ESPENSHIP

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

14070-2 BEACH BLVD

City

JACKSONVILLE

FL

Zip Code

32250

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 **Sean A. Espenship, Esquire**

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

(NOTE: Registered Agent signature required when reinstating)

4/22/02

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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	SPROUSE, LEE ALLAN	
STREET ADDRESS	10915 HAWAII DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
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	P/S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMANDA G. SPROUSE	
STREET ADDRESS	1629 6th STREET SOUTH	
CITY-ST-ZIP	JACKSONVILLE BCH, FL 32250	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**900009155549
02/18/03--01053--013 **750.00**

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: **Amanda G. Sprouse**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 (904) 821-9610
Date Daytime Phone #

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
03 JAN 31 PM 2:58



REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3301785**
Applied Fee ☐ Not Applicable

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

CR2E034 (9/01)