2001 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2001 8:00 am DOCUMENT # P95000033090 **Secretary of State** 1. Entity Name K & P DIVING, INC. 02-12-2001 90229 018 ***150.00 Principal Place of Business Mailing Address 11833 OVERSEAS HIGHWAY 712 60 GULF STREET 715134 MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0574709 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KICHARD **LIVAMTAO** FORTMAN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 712 60 GULF STREET MARATHON FL 33050 ST SULF 4702 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 nature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Delete Change FORTMANN, RICHARD G. NAME STREET ADDRESS 11833 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARATHON FL VTSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition FORTMANN, KATHLEEN NAME NAME STREET ADDRESS 11833 OVERSEAS KWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARATHON FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PACHAROG : FORTHAM

218/01 305 743-2444

FILED

Daytime Phone #

12E034 (10/00)