## **2002 UNIFORM BUSINESS REPORT (UBR)**

244 - 18 - 18

## Mar 07, 2002 8:00 am Escretary of State DOCUMENT # P95000033090 1. Entity Name 03-07-2002 90026 017 \*\*\*150.00 K & R DIVING, INC. Principal Place of Business Mailing Address 11833 OVERSEAS HIGHWAY 712 60 GULF STREET 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 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORTMAN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 712 60 GULF STREET MARATHON FL 33050 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NQTE: 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, 2002 Fee will be \$550.00 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. TITLE TITLE ☐ Change ☐ Addition □ Delete FORTMANN, RICHARD G. NAME NAME STREET ADDRESS 11833 OVERSEAS HWY STREET ADDRESS **MARATHON FL** CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change DITLE VTSD NAME NAME FORTMANN, KATHLEEN STREET ADDRESS STREET ADDRESS 11833 OVERSEAS KWY CITY-ST-ZIP CITY-ST-ZIP MARATHON FL Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

**FILED**