

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062619

1. Entity Name

BLUE PLANET DIVE & SURF, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90110 042 ***150.00

Principal Place of Business

Mailing Address

C/O KIRK NEVILLE
1317B NW ST LUCIE W BLVD
PT ST LUCIE FL 34952

C/O KIRK NEVILLE
1317B NW ST LUCIE W BLVD
PT ST LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0598661

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

NEVILLE, KIRK
2981 SE MORNINGSID BLVD
PT ST LUCIE FL 34952

Name

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

City

FL

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

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!!! FEE IS \$150.00
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 VP ☒ Delete
NAME CRADDOCK, JASON
STREET ADDRESS 1999 NW SUNSET BLVD
CITY-ST-ZIP JENSEN BCH FL

TITLE VP ☐ Change ☒ Addition
NAME John Foley
STREET ADDRESS 301 SW GERMOLDO TERRACE
CITY-ST-ZIP PORT ST. LUCIE, FL. 34984

TITLE P ☐ Delete
NAME NEVILLE, KIRK
STREET ADDRESS 1410 SAN SOUCI LANE
CITY-ST-ZIP PT ST. LUCIE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME CLAYTON, ROBERT D.
STREET ADDRESS 365 SW BELMONT CIRCLE
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME JOHNSON, CYNTHIA
STREET ADDRESS 432 SE SEABREEZE LANE
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)