

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90246 035 ***150.00

069427 FP

DOCUMENT # P95000062619

1. Entity Name
BLUE PLANET DIVE & SURF, INC.



Principal Place of Business
**C/O KIRK NEVILLE
13178 NW ST LUCIE W BLVD
PT ST LUCIE FL 34952**

Mailing Address
**C/O KIRK NEVILLE
13178 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

4. FEI Number **65-0598661**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **NEVILLE, KIRK**
STREET ADDRESS **~~4410 SAN GOUHL LANE~~ Address above**
CITY-ST-ZIP **PT ST. LUCIE FL**

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

TITLE **VP** ☐ Delete
NAME **BURCH, CRISTINA**
STREET ADDRESS **2981 SE MORNINGSID BLVD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

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 **VP** ☒ Delete
NAME **FOLEY, JOHN**
STREET ADDRESS **301 SW GREMOLDO TERRACE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34984**

TITLE **S** ☐ Change ☒ Addition
NAME **PAUL TOWHILL**
STREET ADDRESS **1109 STEWART RD**
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KIRK
NEVILLE / 4.28.03**

**772 871
9122**

Date

Daytime Phone #

CR2E034 (10/02)