

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90194 045 \*\*\*150.00

**DOCUMENT # P95000080959**

**1. Entity Name**  
**DIVE CHARTERS INTERNATIONAL, INC.**



**Principal Place of Business**  
**700 CASA LOMA BOULEVARD**  
**BOYNTON BEACH FL 33435**

**Mailing Address**  
**C/O D. SAND**  
**700 CASA LOMA BLVD.**  
**BOYTON BEACH FL 33435**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0126565**

**Applied For**  
**Not Applicable**

Zip

Country

Zip

Country

**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**

**SAND, L.D.**  
**4627 DOLPHIN DRIVE**  
**LAKE WORTH FL 33463**

**Name** **SAND, L.D.**  
**Street Address (P.O. Box Number is Not Acceptable)** **5323 Canal Drive**  
**lake worth, FL**  
**City** **FL** **Zip Code** **33463**

**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]* **L.D. SAND**

**DATE** **4-15-2003**

**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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                       |                                |   |
|-----------------------|--------------------------------|---|
| <b>TITLE</b>          | <b>C</b>                       | <input checked="" type="checkbox"/> <b>Delete</b> |
| <b>NAME</b>           | <b>MCCLARY, SCOTT W</b>        |   |
| <b>STREET ADDRESS</b> | <b>700 CASA LOMA BOULEVARD</b> |   |
| <b>CITY-ST-ZIP</b>    | <b>BOYNTON BEACH FL 33435</b>  |   |
| <b>TITLE</b>          | <b>PTD</b>                     | <input type="checkbox"/> <b>Delete</b>            |
| <b>NAME</b>           | <b>SAND, L.D.</b>              |   |
| <b>STREET ADDRESS</b> | <b>700 CASA LOMA BOULEVARD</b> |   |
| <b>CITY-ST-ZIP</b>    | <b>BOYNTON BEACH FL 33435</b>  |   |
| <b>TITLE</b>          | <b>S</b>                       | <input type="checkbox"/> <b>Delete</b>            |
| <b>NAME</b>           | <b>KELLY, CATHERINE S</b>      |   |
| <b>STREET ADDRESS</b> | <b>4627 DOLPHINE DRIVE</b>     |   |
| <b>CITY-ST-ZIP</b>    | <b>LAKE WORTH FL 33463</b>     |   |
| <b>TITLE</b>          | <b>VP</b>                      | <input type="checkbox"/> <b>Delete</b>            |
| <b>NAME</b>           | <b>HOYD, D DOUG</b>            |   |
| <b>STREET ADDRESS</b> | <b>72 ROSEWOOD CIRCLE</b>      |   |
| <b>CITY-ST-ZIP</b>    | <b>BOYNTON BEACH FL 33436</b>  |   |
| <b>TITLE</b>          |                                | <input type="checkbox"/> <b>Delete</b>            |
| <b>NAME</b>           |                                |   |
| <b>STREET ADDRESS</b> |                                |   |
| <b>CITY-ST-ZIP</b>    |                                |   |
| <b>TITLE</b>          |                                | <input type="checkbox"/> <b>Delete</b>            |
| <b>NAME</b>           |                                |   |
| <b>STREET ADDRESS</b> |                                |   |
| <b>CITY-ST-ZIP</b>    |                                |   |

|                       |                                |  |
|-----------------------|--------------------------------|--|
| <b>TITLE</b>          |                                | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>            |
| <b>NAME</b>           |                                |  |
| <b>STREET ADDRESS</b> |                                |  |
| <b>CITY-ST-ZIP</b>    |                                |  |
| <b>TITLE</b>          | <b>Chairman &amp; CEO</b>      | <input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |
| <b>NAME</b>           | <b>SAND, L.D.</b>              |  |
| <b>STREET ADDRESS</b> | <b>5323 Canal Drive</b>        |  |
| <b>CITY-ST-ZIP</b>    | <b>lake worth, FL 33463</b>    |  |
| <b>TITLE</b>          |                                | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>            |
| <b>NAME</b>           |                                |  |
| <b>STREET ADDRESS</b> |                                |  |
| <b>CITY-ST-ZIP</b>    |                                |  |
| <b>TITLE</b>          | <b>V.P.</b>                    | <input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |
| <b>NAME</b>           | <b>Floyd, D. Doug</b>          |  |
| <b>STREET ADDRESS</b> | <b>72 Rosewood Circle</b>      |  |
| <b>CITY-ST-ZIP</b>    | <b>Boynton Beach, FL 33436</b> |  |
| <b>TITLE</b>          |                                | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>            |
| <b>NAME</b>           |                                |  |
| <b>STREET ADDRESS</b> |                                |  |
| <b>CITY-ST-ZIP</b>    |                                |  |
| <b>TITLE</b>          |                                | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>            |
| <b>NAME</b>           |                                |  |
| <b>STREET ADDRESS</b> |                                |  |
| <b>CITY-ST-ZIP</b>    |                                |  |

**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 all other like empowered.**

**SIGNATURE:** *[Signature]* **SAND**

**DATE** **4/15/03** **561-734-3818**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** **Daytime Phone #**

CR2E034 (10/02)