

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082595

1. Entity Name

SOUTHERN DIVING AND INSPECTIONS, INC.

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91327 030 ***150.00

Principal Place of Business

Mailing Address

1231 GARDEN STREET
SUITE 205
TITUSVILLE FL 32796

- changed

1231 GARDEN STREET
SUITE 205
TITUSVILLE FL 32796

- changed

2. Principal Place of Business

3. Mailing Address

3494 Lionel Road
Suite, Apt. #, etc.

3494 Lionel Rd.
Suite, Apt. #, etc.

City & State

Mims, FL

City & State

Mims, FL

Zip

32754

Country

BREVARD

Zip

32754

Country

BREVARD

4. FEI Number

59-3354573

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

RHODES, BONNIE L
1231 GARDEN STREET
SUITE 205
TITUSVILLE FL 32796

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's 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 PD ☐ Delete
NAME RHODES, BONNIE L
STREET ADDRESS 3494 LIONEL RD
CITY-ST-ZIP MIMS FL 32754

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

TITLE D ☐ Delete
NAME WHITE, JOHN E
STREET ADDRESS 238 DIXON SPRINGS HWY
CITY-ST-ZIP CARTHAGE TN 37030

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

TITLE D ☐ Delete
NAME RHODES, RITCHIE L
STREET ADDRESS 3494 LIONEL RD
CITY-ST-ZIP MIMS FL 32754

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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: Bonnie L. Rhodes Bonnie L. Rhodes 2/26/01 (321) 268-3797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)