## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P96000013485 JB DIVING AND FISHING CHARTERS INC. 04-27-2001 90278 048 \*\*\*150.00 Principal Place of Business Mailing Address KINGFISH WHARF MARINA 206 120TH AVE W JOHNS PASS #203B TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 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 59-3359939 Not Applicable Zip Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIBLER, ROBERT F III Street Address (P.O. Box Number is Not Acceptable) 206 120TH AVE W 3B TREASURE ISLAND FL 33706 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 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change KIBLER III. ROBERT F NAME MAME 206 120TH AVE W #3B STREET ADDRESS STREET ADDRESS CITY-ST-7IP TREASURE ISLAND FL 33706 CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP C!TY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Acditio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TIFLE Change CitibbA [ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 eath, 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

CITY-ST-ZIP

CITY-ST-7IP

F. Kibler II 4/16/01

CR2E034 (10/00)