

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038631

1. Entity Name
DIVE SPECIALISTS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90966 012 ***150.00

Principal Place of Business

1445 SHEFFIELD RD
JACKSONVILLE FL 32259

Mailing Address

~~1445 SHEFFIELD RD~~
~~JACKSONVILLE FL 32259-0002~~
PO Box 600015
Julington FL 32260

2. Principal Place of Business

6625 Collier Rd
Suite, Apt. #, etc.

3. Mailing Address

PO Box 600015
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orangedale FL

City & State
Julington FL

4. FEI Number 59-3376606

Applied For
Not Applicable

Zip Country
32092 USA

Zip Country
32260 USA

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

~~DAVIS, JOHN D SR~~
~~8362 103RD ST~~
~~JACKSONVILLE FL 32210~~

Katheryn Tanner
319 Hollywood Forest Dr
Orange Park FL 32073

Name Katheryn Tanner
Street Address (P.O. Box Number is Not Acceptable)
319 Hollywood Forest Dr
City Orange Park FL Zip Code 32073

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 *Katheryn Tanner*

10MAY00

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, 2000 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 DP
NAME ARMSTRONG, KEITH
STREET ADDRESS 1445 SHEFFIELD RD
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete

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

TITLE TR
NAME DAVIS, JOHN
STREET ADDRESS 4543 WESCONNETT BLVD
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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: *Keith Armstrong*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 MAY 00 9042873483
Date Daytime Phone #

CR2E034 (9/99)