

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-17-2003 90111 012 \*\*\*150.00

01/17/03 AV

**DOCUMENT # P96000038631**

1. Entity Name  
**DIVE SPECIALISTS, INC.**



Principal Place of Business

6625 COLLIER RD  
SAINT AUGUSTINE FL 32092

Mailing Address

6625 COLLIER RD  
SAINT AUGUSTINE FL 32092

2. Principal Place of Business

1455 Sheffield Rd  
Suite, Apt. #, etc.

3. Mailing Address

POB 600015  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

Julington FL

City & State

Julington FL

4. FEI Number

59-3376606

Applied For

Not Applicable

Zip

Country

32259 USA

Zip

Country

32260 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TANNER, KATHERYN  
1724 KINGSLEY AVENUE SUITE 8  
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name: **JOHN D. DAVIS**  
Street Address (P.O. Box Number is Not Acceptable): **4543 WESCONNETT BLVD**  
City: **JACKSONVILLE** FL Zip Code: **32210**

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

*John D. Davis*

(NOTE: Registered Agent signature required when reinstating)

1/1/03  
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	ARMSTRONG, KEITH	6625 COLLIER RD	SAINT AUGUSTINE FL 32092	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	JOHN D. DAVIS	1455 SHEFFIELD RD.	JULINGTON, FL, 32259	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*John D. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/03  
Date

(909) 771-0262  
Daytime Phone #

CR2E034 (10/02)