

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

Signature typed or printed name of registered agent and title if applicable.

(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 DP ☒ Delete
STREET ADDRESS ARMSTRONG, KEITH
CITY-ST-ZIP 6625 COLLIER RD
SAINT AUGUSTINE FL 32092

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PRESIDENT ☒ Change ☐ Addition
STREET ADDRESS JOHN D. DAVIS
CITY-ST-ZIP 1455 SHEFFIELD RD.
JULINGTON, FL, 32259

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

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

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

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

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

CR2E034 (10/02)

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

1/1/03
Date

(909) 771-0262
Daytime Phone #