FILED

Jan 21, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P96000075848 1. Entity Name 01-21-2002 90039 014 ***158.75 UNDERWATER SCIENCE RESEARCH AND DEVELOPMENT, INC Principal Place of Business Mailing Address 2903 FIELDCREST CT. 2903 FIELDCREST CT. ORLANDO FL 32829 ORLANDO FL 32829 US 2. Principal Place of Business 3. Mailing Address Sea Watch Te Sea Watch ler Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3400065 Ormond Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 2176 Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u> zeorge</u> PECORARO, MARK L Street Address (P.O. Box Number is Not Acceptable 3905 RYANS LANE Sea Wate ZEPHYRHILLS FL 33541 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. -ພາ ທຣ (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 CR2E034 (9/01) Change TITLE TITLE Delete Hugus III, George D. NAME HUGHES, GEORGE NAME sea Watch Ter. STREET ADDRESS 2903 FIELDCREST CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP cmord Beach, FL 32176 ORLANDO FL 32829 Change Delete TITLE ☐ Addition TITLE SVP 3047 Saratola Or NAME NAME IVEY, LARRY STREET ADDRESS STREET ADDRESS 3047 SARASOTA DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 Orlando, ☐ Addition ☐ Delete TITLE TITLE TVP. walden, Alan k Dr. 1438 Hyde Park Dr. NAME NAME Walden, Alan STREET ADDRESS STREET ADDRESS 1438 HYDE PAEK DR winter Park CITY-ST-ZIP CITY-ST-ZIE WINTER PARK FL 32792 Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.