FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91878 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100055

1. Entity Name
SUB-AQUATIC ADVENTURES, INC.

90128881

Principal Place of Business	Mailing Address
5110 OVERSEAS HWY KEY WEST, FL 33040	5110 OVERSEAS HWY KEY WEST, FL 33040

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
951 Caroline Street	951 Caroline Street
Suite, Apt. #, etc.: #207	Suite, Apt. #, etc.: #207
City & State: Key West FL	City & State: Key West, FL
Zip: 33040 Country: USA	Zip: 33040 Country: USA

4. FEI Number: 65-0712783 ☐ Applied For ☐ Not Applicable

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
CHALFANT, WILLIAM 5110 OVERSEAS HWY KEY WEST, FL 33040	Name: William B. Chalfant Street Address (P.O. Box Number Is Not Acceptable): 951 Caroline Street #207 City: Key West FL Zip Code: 33040

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] 21 Apr 03
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAJOR, PAUL PO BOX 2338 KEY WEST, FL 33045	☒ Delete (will OK)	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CHALFANT, WILLIAM B P.O. BOX 6462 KEY WEST, FL 33041	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] Apr 29, 03 305-292-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #