

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90112 001 ***300.00

DOCUMENT # *P97000010350*

1. Entity Name

ARTIFICIAL REEFS, INC.



DO NOT WRITE IN THIS SPACE

55003183

2. Principal Place of Business
6536 EAST BAY BOULEVARD

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
GULF BREEZE, FLORIDA

City & State

4. FEI Number 59-3429492

Applied For
Not Applicable

Zip
32563

Country
SANTA ROSA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DEBRA J. ATKINSON

Street Address (P.O. Box Number is Not Acceptable)

6536 EAST BAY BOULEVARD

City GULF BREEZE

FL

Zip Code
32563

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)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	SCOTT BARTKOWSKI, PRESIDENT 10132 BITTERN DRIVE PENSACOLA, FLORIDA 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEBRA J. ATKINSON, VICE PRESIDENT 6536 EAST BAY BOULEVARD GULF BREEZE, FLORIDA 32563
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Debra J. Atkinson*

DEBRA J. ATKINSON

1/12/03

850-934-9201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)