

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90090 037 \*\*\*150.00

NC00110 AV

**DOCUMENT # P97000059558**

1. Entity Name  
**BOWMAN DIVING CORPORATION**

Principal Place of Business  
**5023 INVERNESS DR  
 SARASOTA FL 34243**

Mailing Address  
**5023 INVERNESS DR  
 SARASOTA FL 34243**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**Bowman Diving, Inc.  
 5023 Inverness Drive  
 Sarasota, Florida 34243**

3. Mailing Address  
**Bowman Diving, Inc.  
 5023 Inverness Drive  
 Sarasota, Florida 34243**

Zip  
 Country

Zip  
 Country

4. FEI Number **65-0766019**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**MURPHY, RONALD T  
 5015 SOUTH FLORIDA AVENUE  
 SUITE 310  
 LAKE LAND FL 33813**

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

7. Name and Address of New Registered Agent

Name

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

City **FL** 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BOWMAN, GREY D JR 5023 INVERNESS DR SARASOTA FL 34243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

**SIGNATURE:** SIGNATURE REQUIRED **1-14-2002 941-358-1105**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)