

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073191

1. Entity Name

DOWN UNDER DIVE SERVICE, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90015 005 ***150.00

Principal Place of Business

Mailing Address

1675 STARKEY ROAD
 SUITE A8
 LARGO FL 33771

1066 VICTOR HERBERT DR.
 LARGO FL 33771-1268

2. Principal Place of Business

8340 Ulmertop Road

3. Mailing Address

Suite, Apt. #, etc.

Se. 514

Suite, Apt. #, etc.

City & State

Largo FL

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-3469242

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

NORMAN, WALTER R
 1066 VICTOR HERBERT DR.
 LARGO FL 33771

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

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

(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, 2000 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

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 CITY-ST-ZIP
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 NORMAN, WALTER R
 1066 VICTOR HERBERT DR.
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LUCINDA S. NORMAN 5/30/00 727-538-8565

CR2E034 (9/99)