

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073191

1. Entity Name

DOWN UNDER DIVE SERVICE, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91305 036 ***150.00

657865



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8340 ULMERTON ROAD
SR 514
LARGO FL 33771

1066 VICTOR HERBERT DR.
LARGO FL 33771

2. Principal Place of Business

3. Mailing Address

1066 Victor Herbert Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Largo, FL

Zip

Country

Zip

Country

33771

PineHills

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, 2001 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
PT
NORMAN, WALTER R
1066 VICTOR HERBERT DR.
LARGO FL 33771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
VS
NORMAN, LUCINDA S
1066 VICTOR HERBERT DR.
LARGO FL 33771 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 #

4-29-01 888-538-8565

CR2E034 (10/00)

Attachment

657865

P97000073191

Down Under Dive Service
P.O. Box 504
Largo, FL 33779

Dept. of State:

Please forgive + accept my
~~10~~ (7th) day delinquent filing this time,
as I was in Morton Plant Hospital, Clearwater
during April for bone surgery. This played
havoc on keeping everything running on time.
I'm back home recovering now and do
appreciate your patience.

Thanks
much

Walt Norman
Pres. Down Under
5/10/01