2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000084700 Aug 31, 2000 8:00 am Secretary of State SEA TURTLE SCUBA INC. 08-31-2000 90007 004 ***150.00 Principal Place of Business Mailing Address 18610 SEA TURTLE LANE 18610 SEA TURTLE LANE **BOCA RATON FL 33498 BOCA RATON FL 33498** T L O M O O M I 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0785249 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name stier, Barry Street Address (P.O. Box Number is Not Acceptable) 18610 SEA TURTLE LANE BOCA RATON FL 33498 Zip Code FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Change ☐ Addition STIER, BARRY NAME NAME 18610 SEA TURTLE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T/T) F ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SICIONIST A EQUIBATED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

President

29 Aug 00

361-477-351

Daytime Phone #



P9 10 VDOS 470 18610 Sea Turtle Lane Boca Raton, FL 33498 Tel: 561-477-3515 Toll Free (888) 925-6789 Fax: 509-356-4588

August 29, 2000

Katherine Harris
Secretary of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Mrs. Harris,

I received the enclosed 2000 Uniform Business Report from you in the mail with your explanation on how to respond to it by internet. Your internet site was not working so I called the phone number and they told me that your site was temporarily out of order.

When I asked a few more questions about how to do this, the man told me that I was supposed to have received a notice prior to this one notifying me to send in the report in January. He said that since this was the first notice I received, I should send it in with this letter and a check for \$150.00.

Can you please arrange to have a form sent to me next year that will be in time for me to file it at the proper time.

Thank you.

Rarry Stier