

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State
 08-31-2000 90099 037 ***150.00

DOCUMENT # P98000036812

1. Entity Name

BARRY ALLISON SCUBA SALES, INC. *R*

Principal Place of Business

Mailing Address

2207 NE 15th Court
 Ft. Lauderdale, FL
 33304

2207 NE 15th Court
 Ft. Lauderdale, FL
 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0828190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Allison, George B.
 2207 NE 15th Court
 Ft. Lauderdale, FL 33304

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

TITLE ☐ Delete
 NAME President
 STREET ADDRESS George B. Allison
 CITY-ST-ZIP 2207 NE 15th Ct., Ft. Laud., FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 STREET ADDRESS
 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:

George B. Allison
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Attachment P98000036812
DOO 8284B

JOEL SANDERS, C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANT

1625 NORTH COMMERCE PARKWAY
SUITE 225
WESTON, FLORIDA 33326

TEL: (954) 385-9290
FACSIMILE: (954) 385-9284
EMAIL: jsand1@ix.netcom.com

MEMBER: AMERICAN
INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS

MEMBER: FLORIDA
INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS

August 18, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Barry Allison Scuba Sales, Inc.
Document #: P98000036812
Fein: 65-0828190

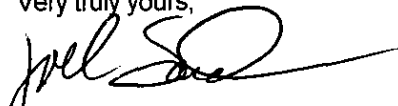
Gentlemen:

Please be advised that the above referenced taxpayer has retained me to ascertain information regarding their 2000 Uniform Report, which to date has not been received. The above taxpayer's business address has changed since inception of the corporation.

We are enclosing a check, in the amount of \$150.00, along with an application for the above entity. Please make note of the current mailing address for any correspondence.

Please review our file and advise us accordingly.

Very truly yours,


Joel Sanders, CPA