

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90686 023 ***150.00

DOCUMENT # P98000044933

1. Entity Name
AQUATIC ADVENTURES DIVE CENTER, INC.

Principal Place of Business **Mailing Address**
400 SADOWSKI CAUSEWAY **PO BOX 610378**
KEY COLONY BEACH FL 33051 **KEY COLONY BEACH FL 33051**

2. Principal Place of Business **3. Mailing Address**
400 Sadowski Causeway **Po Box 510378**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**
Key Colony Beach FL 33051 **Key Colony Beach FL**
Zip **Country** **Zip** **Country**
33051 **USA** **33051** **USA**

4. FEI Number **Applied For**
65-0836904 **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**
AMERILAWYER **Name**
343 ALMERIA AVENUE **Street Address (P.O. Box Number is Not Acceptable)**
CORAL GABLES FL 33134 **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 **5-1-02**
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. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After May 1, 2002 Fee will be \$550.00**
Make Check Payable to Department of State **10. Election Campaign Financing** **\$5.00 May Be Added to Fees**
Trust Fund Contribution

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HOLLAND, LISA J. 400 SADOWSKI CAUSEWAY KEY COLONY BEACH FL 33051 <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	VP HOLLAND, ROGER 400 SADOWSKI CAUSEWAY KEY COLONY BEACH FL 33051 <input checked="" 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: **5-1-2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0840814 SP

CR2E034 (9/01)