2001 UNIFORM BUSINESS REPORT (UBR)

Feb 09, 2001 8:00 am DOCUMENT # P98000106823 Secretary of State ORLANDO DIVE AND SNORKEL TOURS, INC. 02-09-2001 90113 024 ***150.00 Principal Place of Business Mailing Address 12026 MOLUCCA CT 12026 MOLLICCA CT ORLANDO FL 32837 ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-355 1279 Not Applicable Zip Country 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 HAYES, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 441 W VINE ST KISSIMMEE FL 34741 City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11., ... CR2E034 (10/00) Delete TITLE TITLE Addition ☐ Change NAME WOLF, KENNETH C NAME STREET ADDRESS STREET ADDRESS 12026 MOLUCCA CT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 ☐ Addition TITLE VID ☐ Delete TITLE ☐ Chance NAME WOLF, JULIE NAME STREET ADDRESS STREET ADDRESS 12026 MOLUCCA CT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 TITLE TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-2iP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP Delete Addition UTIE Change NAME STREET ADDRESS 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 1.19.07(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.

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

January 22, 2001

ORLANDO DIVE AND SNORKEL TOURS, INC. 12026 MOLUCCA CT ORLANDO, FL 32837

Subject: UKLANDO DIVE AND SNORKEL TOUSS, INC.

Reference

P98000106823

Number:

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION