

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90072 013 \*\*\*150.00

**DOCUMENT # P99000012341**

1. Entity Name  
**DIVEFLYER INC.**



Principal Place of Business  
**3280 - 55A (BOX 197) TAMiami TRAIL  
PORT CHARLOTTE FL 33952**

Mailing Address  
**3280 - 55A (BOX 197) TAMiami TRAIL  
PORT CHARLOTTE FL 33952**



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 **65-0970255**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONFORT, BOB  
3280-55A TAMiami TRAIL  
PMB 3197  
PORT-CHARLOTTE FL 33952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **MONFORT, BOB**  
STREET ADDRESS **PMB 3280 - 55A (BOX 197) TAMiami TRAIL**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROBERT MONFORT** **REINSTATEMENT REQUIRED 8/22/03**

Date **863-993 7988** Daytime Phone #

CR2E034 (4/03)

Attachment

80144087

#P9900001234 /

Bob Monfort

PMB # 197 3280-55A Tamiami Trail  
Port Charlotte, FL 33952  
August 22, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

This letter is to inform you, I am enclosing a \$150. check with the proper form filled out which was received by me after the May deadline for the annual Uniform Business Report for Corporations.

The same thing happened last year where a live employee instructed me to do the same thing I am now doing this year. She apologized for the delay and stated that the office was backlogged and asked me to be patient, which I have been. This year I didn't receive the report that was due in May, only the enclosed form.

Please straighten this out as I feel as though I'm caught in a bureaucratic quagmire. There is a possibility that the mailing address listed on the front of this form gets sent back by the Post Office, as Federal law says that mailings can not be received unless the initials **PMB** proceed the box # in the address, just as it is written up above. Please correct this as I will not receive future mailings if that is not changed.

Thank you kindly,

*Bob Monfort*  
Bob Monfort