

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018320

1. Entity Name

DIVE MARKETING INTERNATIONAL, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90002 012 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 22878

FT. LAUDERDALE FL 33335

P.O. BOX 22878

FT. LAUDERDALE FL 33335-2878

2. Principal Place of Business

3. Mailing Address

3951 N. HAVERHILL RD.

3951 N. HAVERHILL RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

215

215

City & State

City & State

WEST PALM BEACH, FL

WEST PALM BEACH, FL

Zip

Country

Zip

Country

33417

PALM BEACH

33417

PALM BEACH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, JOHN

1091 NEW PARK VIEW PL.

W. PALM BEACH FL 33417

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 D
STREET ADDRESS STEWART, JOHN
CITY-ST-ZIP 1091 NEW PARK VIEW PL.
W. PALM BEACH FL 33417

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

TITLE ☐ Delete
NAME D
STREET ADDRESS STEWART, GLORIA
CITY-ST-ZIP 1091 NEW PARK VIEW PL.
W. PALM BEACH FL 33417

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

JOHN STEWART
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00

Date

15610683-8984

Daytime Phone #

CR20034 (1/99)