-2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000053069 1. Entity Name 02 JUN 20 AM 10: 08 LOQUAT MANAGEMENT CO., INC. SECRETARY OF STATE
TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 51 GARDEN COVE DRIVE 51 GARDEN COVE DRIVE KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 65-0931524 Not Applicable Zip Country Zip 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 "Name_, SLATE, SPENCER Street Address (P.O. Box Number is Not Acceptable) 51 GARDEN COVE DRIVE KEY LARGO FL 33037 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 Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition (9/01) SLATE, SPENCER NAME STREET ADDRESS 51 GARDEN COVE DRIVE STREET ADORESS CR2E034 KEY LARGO FL 33037 CITY-ST-ZIP CITY-51-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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ATLANTIS DIVE CENTER, INC.

51 Garden Cove Drive • Key Largo, FL 33037
Mile Marker 106.5 • Email: dive@captainslate.com

http://www.captainslate.com

PHONE FL (305) 451-3020 US (800) 331-3483 FAX (305) 451-9240

April 18, 2002

Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

Attn: Tyrone

Dear Sir,

In 2001 Loquat Management Co. Inc. (doc. # (99000053069) double paid the Annual Report/Uniform Business Report fee. We received an application for a refund, which I have enclosed. As we discussed on Wednesday April 17, 2002 I would like to apply the credit towards our 2002 fee. Please feel free to contact me, if necessary, using the information above. Thank you for your help in this matter.

Sincerely,

Kathy Young

Bookeeper