

2000 UNIFORM BUSINESS REPORT (UBR)

4/29/00

FILED
Jul 07, 2000 8:00 am
Secretary of State

04-29-2000 90011 026 ***150.00

DOCUMENT # P99000054729

1. Entity Name

WORLD WIDE SCUBA INC.

Principal Place of Business

MERRILL RD STE A
JACKSONVILLE FL 32277

Mailing Address

6255 MERRILL RD STE A
JACKSONVILLE FL 32277-3512

2. Principal Place of Business

Jacksonville

Suite, Apt. #, etc.

STE A

City & State

Jacksonville FL

Zip

32277

Country

USA

3. Mailing Address

6255 Merrill Rd.

Suite, Apt. #, etc.

STE - A

City & State

Jacksonville FL

Zip

32277

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

Additional

\$8.75 Fee Required

6. Name and Address of Current Registered Agent

SCOGGINS, DAVID A
3023 DALEHURST DR W
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

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

TITLE: President
NAME: DAVID A. SCOGGINS
STREET ADDRESS: 6255 Merrill Rd.
CITY-ST-ZIP: Jacksonville FL 32277

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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 I'm empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00 904 744-5554

Date

Daytime Phone #

CR2E034 (9/99)