2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2001 8:00 am Secretary of State DOCUMENT # **P99000064658** SNORKEL AND SCUBA ACCESSORIES, INC. 03-01-2001 91354 016 ***150.00 Principal Place of Business Mailing Address 11860 BRIER PATCH COURT 11860 BRIER PATCH COURT WELLINGTON FL 33414 WELLINGTON FL 33414 AUTOVA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0943652 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 Name **BLOCK, GERMAINE** Street Address (P.O. Box Number is Not Acceptable) 11860 BRIER PATCH COURT WELLINGTON FL 33414 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. D Addition TITLE ☐ Delete TITLE **BLOCK, HOWARD** NAME 11860 BRIER PATCH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **WELLINGTON FL 33414** CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE BLOCK, GERMAINE NAME 11860 BRIER PATCH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIF WELLINGTON FL 33414 CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

DERMAINE Blak 2-11-0

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