
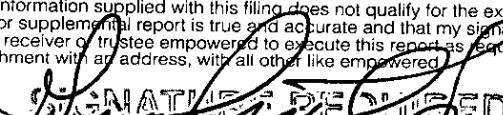


FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90856 020 ***150.00

100-4230

☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P99000074623		Secretary of State 02-21-2003 90856 020 ***150.00	
1. Entity Name MODERN SCUBA, INC.			
Principal Place of Business SR 100, BOX 18T, #11 BUNNELL FL 32110		Mailing Address SR 100, BOX 18T, #11 BUNNELL FL 32110	
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 26-5988754	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TIMOTHY M. GOAN, P.A. 1 CORPORATE DRIVE, SUITE 1-C PALM COAST FL 32137		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 _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
<div style="display: flex; justify-content: space-between;"><div>FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</div><div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div></div>			
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD PRATHER, GRADY JR. SR 100, BOX 18T, #11 BUNNELL FL 32110			
D RICHMOND, CARYN SR 100, BOX 18T, #11 BUNNELL FL 32110			
2. 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:  2/19/03			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			