2001	UNIFORM B	USIN	IESS REPO	RT	(UBF	<b>?</b> )			7	<b>2</b> . ,	•	9250
DOCUMENT # P99000097339  1. Entity Name SCUBA CENTER, INC.							FILED SELRETARY OF STATE SIVISION OF CORPORATIONS					
Principal Place of Business Mailing Address							01/	IUG 20 A	M 9: 2	9		
885 S.E. 6TH AVE. STE A			885 S.E. 6TH AVE. STE A DELRAY BEACH FL 33483					(:# )#:II ##\I( ##II)		ini <b>18888</b> isi <b>na 1</b> 111	(B (B)) (B))	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRIT	E IN THIS	SPACE		
City & State			City & State			4.	4. FEI Number 65-0976196 Applied For Not Applicable					}
Zip	Country		Zip	ip Cour		5.	Certificate of S	tatus Desired		\$8.75 Add Fee Require		
	6. Name and Address of C	urrent Re	pistered Agent	٠.	- 1	~ · ~ 7.	Name and Add	Iress of New R	gistered	Agent	<del></del>	1
					Name	FIA	e Pi	clens				1
	orah a. Roth, P.A.				Street A		_ , ,	Not-Acceptable				;
	1-POWERLINE ROAD				Olloor		DOX 110 III II		, 			]
	E 310				148	16 Su	mme	CE Con -	1	0		
BOC	A RATON FL 33433		,		City	$\frac{70}{100}$	mme	13015	lan	Zia Gode		┨
					1 × 12	e Iron	1 1360	<u> </u>	FL	<u>- 133°</u>	784	]
8. The above	named entity submits this state	ment for th	e purpose of changing its	s registe	ered office or	registered a	ent, or both, in	the State of Flo	rida.			
i		$\bigcirc$	. 1			•				_		
SIGNATURE .	* C. See /	420	sees .						D7-	20-6	<u> </u>	ľ
dial withone.	Signature, typed or printed name of register	ed agent and	ife if applicable. (NOT	E: Registe	red Agent signatu	ure required when I	reinstating)		DATE			
9. This corporation is eligible to satisfy its Intangible   FILE NOW!!!					E IS \$150.0	00	40 []	. O		<b></b>		
Tax filing requirement and elects to do so.					Fee will be \$550.00			n Campaign Fin und Contribution		U.C¢ DebbA □	O May Be to Fees	
(See criteria on back)			Make Check Paya	ble to [	Department						•	
11. OFFICERS AND D			RECTORS	12	<u>.</u>	ΑI	DDITIONS/CH/	NGES TO OFFI	CERS ANI	DIRECTORS		]_
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CITY-ST-ZIP	BOCA RATON FL 33431		_	-							1낆	
TITLE	D D		☐ Delete	TH						☐ Change	☐ Addition	5
NAME	PICKENS, JOHN H	\I <b>-</b>			ME Reet address		1 1	00004	500	1441		
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STREET ADDRESS	14816 SUMMERSONG LAI	NE			REET ADDRESS							ľ
CITY-ST-ZIP	DELRAY BEACH FL 33484			CIT	TY-ST-ZIP							٠
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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:

7-70-0/ 576/-278-7030

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

Addition

Professional Business Solutions

# 39900 00 92339

The Bottom Line Experts

July 19, 2001

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed is the annual report for Scuba Center, Inc. We have enclosed a check for \$150. The report is being filed late due to the fact that the owners' child died unexpectedly.

The owners were out of town for extended periods of time and were unable to attend to their everyday business during the beginning of this year.

We ask that you waive the associated late penalties based upon the above facts.

We await your response.

Sincerely,

Concetta Lupardo

urities Offered Solely Through Equity Services, Inc. Montpelier, VT 05604 (802) 229-3900