2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P99000110359** May 12, 2000 8:00 am Secretary of State CONCH REPUBLIC DIVERS, INC. 05-12-2000 90029 039 ***150.00 Mailing Address Principal Place of Business 1 AIRPORT RD 1 AIRPORT RD ARDEN NC 28704-3301 ARDEN NC 28704-3301 2. Principal Place of Business 3. Mailing Address 90800 Overseas Hwy. #9 90800 Overseas Hwy. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Tavernier, FL Tavernier, FL= Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33070 US 33070 US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOWLING, ART L Street Address (P.O. Box Number is Not Acceptable) 90800 OVERSEAS HWY 9 **TAVERNIER FL 33070** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE President NAME Art L. Bowling STREET ADDRESS STREET ADDRESS 125 Cedar Forest Tr CITY-ST-ZIP CITY-ST-ZIP Asheville, NC 28803 ☐ Addition Change Vice-President TITLE ☐ Delete TITLE Donald J. Bennett NAME NAME STREET ADDRESS 10 Azalea Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Arden, NC 28<u>704</u> ☐ Addition Treasurer Mark L. Alexander ☐ Change ☐ Delete TITLE NAME NAME 55 Hawkins Drive STREET ADDRESS STREET ADDRESS Leicester, NC 28748 CITY-ST-ZIP CITY-ST-7tP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 like empowered.