

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110359

1. Entity Name
CONCH REPUBLIC DIVERS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90007 024 ***150.00

Principal Place of Business

90800 OVERSEAS HWY # 9
TAVERNIER FL 33070

Mailing Address

90800 OVERSEAS HWY # 9
TAVERNIER FL 33070

549528



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

90800 OVERSEAS HWY
Suite, Apt. #, etc. #9

3. Mailing Address

SAME
Suite, Apt. #, etc. SAME

City & State

TAVERNIER FL

City & State

SAME

4. FEI Number

65-0980714

Applied For
Not Applicable

Zip

33070

Country

USA

Zip

SAME

Country

SAME

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWLING, ART L
90800 OVERSEAS HWY 9
TAVERNIER FL 33070

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 *Art L. Bowling* ART L. BOWLING

04/29/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BOWLING, ART L	
STREET ADDRESS	125 CEDAR FOREST TRAIL	
CITY-ST-ZIP	ASHEVILLE NC 28803	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, DONALD J	
STREET ADDRESS	10 AZALEA DRIVE	
CITY-ST-ZIP	ARDEN NC 28704	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, MARK L	
STREET ADDRESS	55 HAWKINS DRIVE	
CITY-ST-ZIP	LEICESTER NC 28748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 like empowered.

SIGNATURE: *Art L. Bowling* ART L. BOWLING

04/29/01 (305) 852-1655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)