

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P99000111587

1. Entity Name

ISLAND SCUBA CORP.

02 JUL -2 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1810 N UNIVERSITY DR

Suite, Apt. #, etc.

3. Mailing Address

SAME

DO NOT WRITE IN THIS SPACE

City & State

PLANTATION

City & State

4. FEI Number

65-0976147

Applied For

Not Applicable

Zip

33322

Country

BROWARD

Zip

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MICHAEL SCANSAROLI

Street Address (P.O. Box Number is Not Acceptable)

1810 N UNIVERSITY DR

City

PLANTATION

FL

Zip Code

33322

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/24/2002

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<u>PRESIDENT</u>
NAME	<u>LAURA SCANSAROLI</u>
STREET ADDRESS	<u>8700 NW 24TH PL</u>
CITY- ST- ZIP	<u>SUNRISE, FL 33322</u>
TITLE	<u>VICE PRESIDENT</u>
NAME	<u>MICHAEL SCANSAROLI</u>
STREET ADDRESS	<u>8700 NW 24TH PL</u>
CITY- ST- ZIP	<u>SUNRISE, FL 33322</u>
TITLE	
NAME	
STREET ADDRESS	
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/2002 954-476-6648
Date Daytime Phone #

CR2E034B (12/04)



ISLAND SCUBA CORPORATION

1810 N University Drive
Plantation, Florida 33322
Voice: 954.476.6648 - Fax: 954.476.8348
Email: Support@123Scuba.com
URL: <http://www.123scuba.com>

Attachment
Document #

999000 111587

Monday, June 24, 2002

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

On behalf of my small business, I respectfully request the \$400 late fee be waived. Speaking honestly, I thought the deadline was the same as form DR-601C (Intangible Personal Property Tax Return). I had even (obviously incorrectly) verified this through the website.

For what it is worth, we have been struggling to stay in business. We are in a travel related industry which has yet to recover fully and we are still being impacted by the recent decline in Florida Tourism. Though we have managed to secure a Small Business Disaster Recovery Loan the additional fee would be yet another hardship.

Thank you in advance for your consideration,

Laura H. Scansaroli
Island Scuba Corporation

Enclosures: 1