

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000111587

FILED
Jan 17, 2003
Secretary of State

Entity Name: ISLAND SCUBA CORPORATION

Current Principal Place of Business:

1810 N UNIVERSITY DR
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1810 N UNIVERSITY DR
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 65-0976147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCANSAROLI, MICHAEL J
1810 N UNIVERSITY DR
PLANTATION, FL 33322

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCANSAROLI, LAURA H
Address: 8700 NW 24TH PLACE
City-St-Zip: SUNRISE, FL 33322

Title: VP () Delete
Name: SCANSARDLI, MICHAEL J
Address: 8700 NW 24TH PLACE
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SCANSAROLI, MICHAEL J
Address: 8700 NW 24TH PLACE
City-St-Zip: SUNRISE, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA H SCANSAROLI

P

01/17/2003

Electronic Signature of Signing Officer or Director

_____ Date