2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2019
Secretary of State
3843821030CC

DOCUMENT# P14000095966

Entity Name: FLORIDA SCUBA CHARTERS INC

Current Principal Place of Business:

1037 MARINA DRIVE
NORTH PALM BEACH, FL 33408

Current Mailing Address:

633 SE MONET DRIVE
PORT ST LUCIE, FL 34984 US

AO386-C
GOVERNMENT EXHIBIT
CASE NO. 24-CR-80103-AMC
EXHIBIT NO. GX106

FEI Number: 47-2429247

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCABE, KRISTY
[redacted]
PORT ST LUCIE, FL [redacted] US

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

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRES	Title	SECR
Name	MCCABE, DUSTIN S	Name	MCCABE, KRISTY M
Address	633 SE MONET DRIVE	Address	[redacted]
City-State-Zip:	PORT ST LUCIE FL 34984	City-State-Zip:	PORT ST LUCIE FL [redacted]

I hereby 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 all other like empowered.

SIGNATURE: KRISTY MCCABE SECR 03/26/2019

Electronic Signature of Signing Officer/Director Detail Date

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2020
Secretary of State
6203820242CC

DOCUMENT# P14000095966

Entity Name: FLORIDA SCUBA CHARTERS INC

Current Principal Place of Business:

1037 MARINA DRIVE
NORTH PALM BEACH, FL 33408

Current Mailing Address:

803 PROMENADE WAY
103
JUPITER, FL 33458 US

FEI Number: 47-2429247

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCABE, KRISTY
[redacted]
PORT ST LUCIE, FL [redacted] US

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

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRES	Title	SECR
Name	MCCABE, DUSTIN S	Name	MCCABE, KRISTY M
Address	633 SE MONET DRIVE	Address	[redacted]
City-State-Zip:	PORT ST LUCIE FL 34984	City-State-Zip:	PORT ST LUCIE FL [redacted]

I hereby 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 all other like empowered.

SIGNATURE: DUSTIN MCCABE PRESIDENT 03/30/2020

Electronic Signature of Signing Officer/Director Detail Date